











**Journal**  
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Original Articles.

TWO MONTHS WORK IN THE R.N. HOSPITAL SHIP  
"HAWA" AT THE LARLHOLM BEACHES  
IN THE SWEDISH COAST OF THE BALTIC

THE EXPERIENCE IN GENERAL ORGANIZATION AND TREATMENT  
OF WOUNDS

By FRANK ROBERTS, F.R.C.S., F.R.C.P., F.R.S.

*Senior Medical Officer*

We commenced work on the Beaches on June 22, 1915, and left the Gulofsk Fjordskuds with our last load of wounded for Kopenhagen on August 29. The routine for hospital ships working at the Front is as follows: all cases from the Beach come off to the hospital ship, arriving that Beach are sorted on board, and the lighter cases (generally wounded who can walk) are sent to an advanced base by tender, usually stopping on board about twelve hours; the others come to the hospital ship, get their dressings and bed before passing them on to the advanced base. The more severely wounded are retained on board the hospital ship, and the process of sorting is continued until all the available beds are occupied, when the ship is relieved by another and takes her load of wounded to one of the Mediterranean bases or home to Kopenhagen. The actual time spent at the Beach varies very much; if an attack on land is taking place, it is quite possible to have all the beds full in under twenty-four hours whereas to get the same number on another occasion may take a week or even longer.

## 2 Two Months' Work on the Hospital Ship 'Knox'

During the two months a total of 7,131 patients was treated on the ship of whom 3,143 were discharged to the advanced base. 1,625 were carried to the ship to base hospitals at Manila, Okinawa and Pusan, and 1,563 died on board.

During the same period 90 operations were performed on board under general anaesthesia. The majority of these were not war operations at all, but might best be described as a thorough cleaning and irrigation of large wounds with efficient drainage.

In this article it is proposed to make a few remarks on the lessons brought home to my colleagues and myself in dealing with such large numbers of wounded; they shall be without fear or favour, as the nature of the task is at present taking place in the medical literature on the subject of the only right way to treat wounds.

The longer one works with these large numbers of wounded the more one returns to the old principles underlying all surgical treatment of wounds, viz., best thorough cleaning and sound efficient drainage. We all begin with one preconceived idea as to which of these was the best for cleaning wounds but gradually, as we have brought home to us that it was a very little different, it may to the end wonder what lesson is read, provided the cleaning and irrigation was thorough.

What we had done was to make a very great difference to our end results in the time that elapsed between the infliction of the wound and its attention on board the ship. We have now had the opportunity of working since then with a study of the three problems from which wounded are brought off and the difference in the condition of the patients from each beach is most marked.

(1) Hatter Beach provides by far the most typical type of war. The average time between the man being wounded and removed on board is from twenty-two to twenty-four hours, time being so long on these days. The reason for this apparently is that for some time wounds are farther from the beach, and patients have to be brought back along the trenches and over accompanying firelines, owing to the toll and patients being commandeered by the enemy's fire. It is surprising the number of men from this beach that we found to have deteriorated in their treatment. When it is remembered that severe infection is very prevalent and as can be seen by a glance at the list of operations in this paper, that compound compound fractures of the thigh are also very prevalent, it is not difficult to imagine that one is fighting for good end results under very adverse conditions. The first are also the most numerous on this beach thus on the other two, every patient is landed so that

black with dirt, and very soon after the first load on our boat had covered the decks and yards are also black with dirt. "Star wounds" are found as a rule to be already poisoning, with pus, and also there is the only blood from which we get news of our shipwreck.

(4) *Star blood* is by far the best from our point of view, the best line of trenches being only a short distance from the sea and the average time taken to get men on board after they have been wounded being two to six hours. There are times, first, and the Australians and New Zealanders who occupy the Beach are very fine men physically. The results obtained from exactly similar wounds under exactly similar treatment are far better in cases from the Beach than from the other two.

(5) *Star blood* comes between *Beach* and *Down* as to the superiority of the latter. The average time taken to get a wounded man on board the ship after being wounded is between none and ten hours. We have had no gas, gangrene, or even from the Beach but we have had wounds with maggots already eating about them.

It will be seen from the above description of the three beaches that results depend much more on what beach is visited than on what particular casualties are treated or on what wounds on how soon we get our patient after he is wounded.

The routine of dealing with cases on board is as follows: Every patient is seen by a medical officer as he is hoisted into the ship or "wells on board" if he is considered as being a suitable case for examination or a theatre he or had down on deck outside one or other the star or vessel his turn; if not, he is turned into a gun or, if a walking case, sent to a dressing station on board to be dressed by either a medical officer, intern, and with *star blood*.

Usually all compound fractures, head injuries, injuries about the neck, cases requiring amputation, all wounds where fresh hemorrhage is taking place, large lacerations about wounds which are almost certain to become septic, serious abdominal wounds (for example where the bladder has been wounded, or where there is a penetration of gut or intestine), are taken into the theatre before being put to bed. Wounded generally come in rather, and, as a rule, very soon after commencing to take in all these operating tables are going and we must that one operation has been kept going for twelve and sometimes longer without cessation. There is no doubt that this continuous dealing with all the minor wounds cases has been the source of saving many lives and more limbs.

The work can only be done in this way if the hospital ship is well equipped and the whole staff are well enough to go

# ( Two Months' Work in the Hospital Ship "Bona"

on nothing all they drop. I consider myself to have been more than fortunate in both respects.

In order that this volume may be thoroughly representative of the views of the whole medical staff of the ship, I have asked each of my colleagues to write a short paper on certain subjects which have engaged us all, and on all these subjects we are, for medical men, wonderfully closely in agreement.

A list of the operations performed on our island third, fourth, fifth and sixth legs in the *Barabara* is appended, but unfortunately no proper record was kept of those done on the first leg. Everyone was so hard worked that no time could be given to this, and only a record of the number could be kept. —

## (1) Amputations—

Fingers	7
Hand	0
Arm	7
Thigh	0
Leg	6
Single	6
Extension of leg	95
	—
Total	111

## (2) Other operations on eye — 5

## (3) Fracture wounds—

Scapula	0
Humerus	14
Holies and ribs	0
Scapula	13
Thigh and tibia	24
Femur	0
Depressed fracture of skull	45
	—
Total	115

## (4) Wounds of various

Legs	12
Elbows	5
	—
Total	17



# The Medical Staff of the 1<sup>st</sup> Marine

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## (1) Baggage wounds (piercing and crushing)—

Face	—	16
Head	—	2
Throat	—	1
Back	—	1
Shoulder and neck	—	1
Shoulder	—	11
Arm and forearm	—	12
Hand	—	8
Wrist	—	2
Legs	—	20
Foot	—	12
Instep	—	1
Heel	—	1
Clitoris	—	1
Uterus	—	1

Total 119

## (2) Infectious—

Cellulitis of foot	—	1
" arm	—	1
Warts	—	1

Total 3

## (3) Amputations—

Captain, frontal artery	—	1
" posterior tibial artery	—	1
" radial artery	—	1
" ulnar artery	—	1
Secondary hemorrhage	—	1
Aspiration of abscess	—	1
Circumcision of thigh	—	1
Stricture	—	1
Hyperplastic hernia	—	1
Appendicitis	—	1

Total 11

Grand Total

133

Many smaller operations, chiefly for removal of bullets or foreign bodies or abscesses, were done under local anesthesia.

My own experience can be summed up as follows:—

(1) Clean wounds through soft structures can, in the majority of cases, be left with their held dressings on, and will heal without any intervention.

(2) Of all the varieties of septic wounds none can be treated so easily after they arrived on board.

### (c) *Two Months' Work on the Hospital Ship 'Euse'*

(1) Nearly all compound fractures should be thoroughly washed out, being put up, openings being enlarged and then washed out in a doorway for thorough cleansing.

(2) All fractures of skull with the slightest depression should be put on the bone to depress the same very gently.

(3) The majority of abdominal wounds should not be opened on, but should be kept deeply under asepsis for five to eight hours.

(4) Chest wounds do remarkably well without any treatment, provided no big vessel has been torn.

(5) The probe should be left out of the amputations supplied to the hospital in war time.

### THE VARIOUS TYPES OF THE SMALL AND LARGE BOWELS IN WAR-TIME SURGERY, 1914-1918

The wounds of the head received on the Gallipoli Peninsula are caused by rifle bullets, shrapnel, and splinters of shell, in point of frequency, shrapnel and rifle bullets appear in about equal proportions shell wounds being rare.

These wounds may be classified into three groups —

(1) Simple scalp wounds.

(2) Fracture of skull without penetration.

(3) Penetrating wounds of skull.

Group 1.—Wounds of the first class are quite common and are caused by any of the above-mentioned means. They need little mention except with regard to the attention that should be paid to all scalp wounds received on land, in order to entirely neutralise the fact that the scalp wound is counterbalanced by some more serious lesion. At the time the first shell dressing is applied, it is impossible to make a thorough examination; consequently many cases of fractured skull and other cerebral lesions turn up on land as simple scalp wounds. The fact that many cases of cerebral injury have at first few or no symptoms under the strongest of the means.

During our last trip to the Redoubt four interesting cases were discovered amongst those labelled 'scalp wound' —

(1) The first turned out to be a penetrating wound of the left parietal bone. From the subsequent symptoms it was evident that the bullet had lodged in the right side of the brain, at least portions of the right side of the body was very marked but now twelve days after injury, this has nearly disappeared.

(b) The second was a case of bilateral fracture of the femur with an fracture of the humerus, compound, closed, gunshot dorsal pole. The arm was fractured and it is progressing well.

(c) The third was a small depressed fracture with a shrapnel bullet in situ, necessitating removal of bullet and elevation of the bone.

(d) There was a septa, deeply seated three days old, compound, the septum developed in the operation a depressed fracture and a small avulsion fracture were found.

Group 1.—The type of wound is usually caused by long range, rifle fire, or by shrapnel. A few cases were the result of high velocity bullets and were gunshot fractures. One case in a naval rating was caused by a piece of high explosive shell. These cases from a surgical point of view are very important particularly if treated early. In this class the treatment adopted has been to dress and debride the entry wound, to remove the bullet and any bone loose in the clot to enlarge the bony wound to remove free shrapnel, to clip off all irregular edges of bone and clothe when necessary, a drainage tube is usually inserted.

These cases the prognosis of these cases is very favorable. The common complications are edema of the tissue, necrosis, and cerebral abscess. Cerebral hemorrhage not infrequently complicates these cases, the bleeding being probably due to the rupture of a small vein by the original injury. At the time of operation the extent of the bleeding is slight and is controlled, afterwards the hemorrhage increases and cerebral symptoms manifestly come on, necessitating a second decompression.

Unfortunately we have had few opportunities of following our cases until the period when secondary complications arise, in fact, those removed during our last trip are the only cases we have been able to keep for more than three or four days.

During our last visit to the Division, seven cases of the second type of head injury were treated, six are now progressing favorably, and one developed complications, necessitating a second operation at which a small cerebral abscess was found, there was marked edema of the brain and also an extensive subdural hemorrhage, he is at present in a precarious state.

Of these seven cases the first patient was killed in three, was slightly lame in three, and considerably lame in one. One latter case needed brain substance as he has drainage for the first three days and the wound then dressing and healed. Bright tearing of the dura

in these cases does not need to be further partially paralyzed than the wound requires them. After securing the case, pains which it might wound will stop. A splint if the nerve is damaged the same and need not be made if the case.

Group 2.—I'm stating wound 1, if the skull are generally due to high velocity bullets, they are bifurcated into two main varieties:—

(1) Those with an entrance wound only, the bullet remaining within the skull.

(2) Those with both entrance and exit wounds.

Both varieties are amenable to the same surgical point of view and very little can be done for them. It is here the mistake is to take all these cases into the operating theatre, gross manipulation if necessary, shave and partly the scalp widely remove all loose bone, chip away any jagged edges, turn out blood clot, remove the bleeding point and establish free drainage. An effort is made to locate the bullet by probing.

During our last week ten cases of this class were treated: two died within twenty-four hours, one died on passage to England and the other two are at present progressing favorably. The one a case of entrance and exit wounds in the occipital region, the other a case of entrance wound in the left parietal bone with the bullet lodged in the right brain.

It is impossible to give the exact figures of the head injuries, owing to the great pressure of work which always prevailed when we were receiving cases at the Hospital, but it may be roughly stated that fractured skull accounted for nearly 10 per cent. of all severely wounded soldiers, and the same 20 per cent. of those who died of wounds on board.

INTRUDERS TO LARGE VESSELS

(By EDWARD ROBERT WHITE, F.R.C.S.)

INTRUDERS TO LARGE ARTERIES AND VEINS FORM A large percentage and important class. A considerable number have been treated in recent times, and taken as a whole they give good results. The most common cause of death attributable solely to haemorrhage. A number of other cases have unfortunately proved fatal, but in all of these death has been due in large measure to untreated rupture or to the onset of complications such as gangrene. Patients when first seen are usually much collapsed from loss of blood, and not as a rule time to start a prolonged operation. In spite of this immediate ligation of the bleeding vessel should be the rule. In desperate cases ligatures may be left on the ends of the divided vessel, and incorporated on the dressing at once. They may be safely removed the following day. The patient may require intravenous infusion, and when he reaches the ward should be given relief by the rectum.

Bleeding frequently gives rise to a large haemorrhoma. Especially is this likely to be the case when the wound has been inflicted by a rifle bullet. Here too, unless the presence of other organs contra-indicates, early operation should be resorted to. Such cases when left unoperated upon frequently suffer from reactionary haemorrhage, or later develop fatal or serious venous thrombosis.

Severe bleeding is almost invariably found to proceed from a "bullet-hole" vessel, usually an artery. Even small vessels when completely cut across, retract, and haemorrhage if not quickly held back to stop spontaneously or with the aid of pressure. We have had at least three instances on hand in which there was every reason to suppose that the bled vessel had been divided, but not one of these called for operation for the arrest of bleeding.

In opening upon wounded vessels the wound itself has been so badly impacted with blood that it may afterwards be safely closed without fear of suppur infection. To avoid needless damage, the limb should wherever possible, be rendered motionless before the commencement of the operation. Tying an operating is essential. To facilitate this a good light, a capable assistant, a free incision, and efficient retraction are necessary. The presence of a large haemorrhoma interfering and obscuring the tissues is apt to obscure the relation of parts and to render their recognition difficult.

The following is a fairly complete list of cases which have been



*Case 4.*—There was a case of compound fracture of the tibia and fibula. The wounds of entry and exit were located and dressed. There was also a laceration the patient was unconscious and could not give us the details which rapidly needed to be ascertained. One of the men was sent to the hospital and found exhibiting all the signs. After making everything as well as could be done, the patient could not be moved to the hospital because of the weather. He was kept in bed for a week and then died. The wound was dressed and treated. The wound was completely closed and healed by first intention.

*Case 5.*—When admitted a large hematoma of the thigh was present. It was not cut to have increased the shock. An operation could be performed to have the artery. The patient seemed comfortable. As we were very busy at the time, and as the patient did not seem urgently called for operation, treatment was stopped. There was later there was a smaller hematoma in the area of the fracture, and the patient complained of intense cramps in the thigh.

The hospital records were reported as follows: "The wound was closed by a bullet had passed between the two broken bones, each bone was broken and bent. The wound was completely closed and the patient made an uninterrupted recovery. Had the case been left an amputation would almost certainly have developed later."

Chart III

Wound	Result	Remarks
(1) Crushed	No change	Was opened again
(2) Crushed	Recovery	Was opened and closed by suture
(3) Crushed	Recovery	Was opened and closed by suture
(4) —	Recovery	Was opened and closed by suture

*Case 6.*—A bullet passing from below had made had shattered the head of the femur and injured the popliteal joint above it. There was an amputation of the femur and was pointing seriously.

The wound was opened from the front. The lower end of the femur and the origin of the two ligaments were caught up as much as possible. The femur was then cut. The lower ligament was left on the other two months for steady bone and then removed. Recovery was uneventful.

### 13. Two Months' History of "Hospital Delirium" Given

#### TABLE IV

I can only find three instances in which a fatal wound was completely healed without any severe hemorrhage occurring. In addition, the spread of infection (the hospital virus) just as each of the mentioned wounds healed, killed the bacterium —

Wound	Result	Remarks
(1) Bleeding	Death	Death due to acute spreading gangrene
(2) "	"	Death due to extensive exposure of blood and other parts
(3) "	Recovery	Fate unknown

Case C. — When admitted patient's head and extremities were cold and insensitive. No pulse could be felt at the wrist. Next day the condition was the same, but there was some purple swelling of the fingers. This did not progress, and in the end of six days warmth and sensibility had completely returned.

The above cases are illustrations of an extremely interesting class of injury, common in warfare, but hitherto almost unknown to me personally. I have therefore deemed them worthy of putting upon record.

#### REMARKS OF THE PHYSICIAN

In Treatment Bulletin TWENTY-SEVEN, M.D. 1915.

Wounds of the thoracic region of the body may be roughly divided into four main groups —

- (1) Wounds involving the heart and great vessels
- (2) Wounds involving lung tissue
- (3) Wounds involving the spine
- (4) Superficial non-penetrating wounds

Of these groups, hospital ship experience is limited in the last two and the last seems most of the second.

That this should be so is obvious when the nature of the hemorrhage from wounds of the first category and from severe penetrating wounds of the second is considered. The impossibility of applying anything more than first aid treatment during the time when arrest of the hemorrhage might save the patient's life and the impossibility of arresting such hemorrhage by any means short of extensive operative procedures render such wounds



rapidly fatal. The cases practically never live long enough to be brought on board the hospital ship.

The last review records of the "small group" is in the group due to rifle bullets, and occasionally to sharpshooting and shot wounds. In these cases it may be stated that, provided the lungs are not injured and the chest can be consolidated, the prognosis for the wounds is good with comparatively little trouble.

The clinical picture in the chest is much the same in all the cases except chest dyspnea and a lack of mobility of the affected side are almost always to be noticed. Often both sides are involved, the breathing is shallow and of the abdominal type.

The treatment is to consolidate the chest, by aspiration and in those the external wounds without regard to the track of the bullet under the thorax proper. No attempt should be made to open up the wound in order to irrigate or in any way interfere with the deep track. Further treatment depends entirely upon the symptoms arising.

The most promising cases are those in which the bullet has completely traversed the chest and emerged again. These wounds were recovered from the chest, heal with extraordinary rapidity and very rarely show any signs of damage to the lung tissue. A slight haze in the specimen for investigation leaves us so may be present sometimes not even that. The dyspnea rapidly disappears and the patient is up and about in from eight to ten days.

When the bullet has not emerged, or where compound fractures of the ribs are suffered, further trouble is likely to arise. Here the pleura may be lacerated and pus may or have these may occur. Two such cases have occurred in the ship in one of which aspiration was necessary but both were healing up satisfactorily when they left the ship. The entrance of the bullet or other foreign body may give rise to a localized consolidation, so far, in this ship no pneumonia has resulted though one or two cases have been passed on shore with a possibility might arise. Here it must be remembered that the bullet, and whatever it carries as with it, is arrested by the wall of the thorax, and therefore, in the majority of cases, the pneumonia will be superficial, and consequently should be fairly easily curable.

Empyema empyema was a fairly common occurrence, especially if laceration of the pleura was present. It, however, presented no urgent features and gradually subsided without any serious case.

The experience in the ship of these cases of penetrating bullet wounds of the chest has certainly shown that if they arrive the

that the dogs that were so expected to make very satisfactory workers, and they spent long and painful hours in a vain attempt to attempt the demonstration of the value of the deep layer of the pupae.

Wounds resulting in dorsal spine are very different in character. The depth is, of course, variable, and though they are on board the spine, the cause is in the most part, however, from the surface. The most characteristic of injury to the dorsal spine are nearly always present, as pupae, loss of epidermis, and so on. In addition, epidermis from the ventral surface of pupae can often be seen on the long spine, and finally, even in the case of hemiparasites in the pupae, the few cases which have passed through one stage have been, in some cases, and all of them, however, this nothing much can be hoped. The only way of treatment, other than the use of the skin, is to prevent the pupae from being killed and deal with such symptoms as may arise. Unless very extensive measures are used, out of the question.

Superficial and penitential wounds are partly, both wounds, and in each they are dealt with in another manner of the article, and need not be referred to here.

The following are short accounts of cases of dorsal wounds as present in the pupae which may be regarded as typical examples:—

(1) Rife killed. Rife killed pupae of left pupae behind on the left side right pupae. No dorsal wound. Dorsum of both pupae. No hemiparasites for a week, and then slight in both pupae, none, when the pupae were. The pupae were not improving rapidly.

(2) Rife killed. Rife killed right side of chest just above right pupae and behind angle of left pupae. No hemiparasites, external wound healed in two days, pupae up in one week.

(3) Rife killed. Rife killed to pupae on right side some hemiparasites at first, pupae were only faintly stained, no pupae, and no more after two days.

(4) Rife killed. Rife killed left side of chest in pupae, ordinary form of dorsal wound. Pupa were dead, and in one pupae had very severe shock from which he has never properly rallied. There is no hemiparasites and no other in the pupae, but he has signs of consolidation in both pupae and a slight temperature.

(5) Rife killed. Rife killed pupae of left pupae, passed through pupae, pupae dead, and in right side below angle of right pupae. Severe shock in first, no hemiparasites. After two days has no pupae, and in doing well.

very difficult. Many left sides of chest have not received any blood supply. They usually showed a kind of bluish colored condition and a few gangrenous streaks in the axilla. After the dissection, the blood gradually washed. No blood pressure could be passed.

## CAUSING CAUSES OF THE ABSENCE

As known by HARRINGTON HILL, M.D., U.S.

The high mortality of wounds involving the abdominal cavity is shown by the fact that almost every consecutive death from wounds of the abdominal cavity during the war was due to this cause, which in fact threatened a great number of men, together with wounds of the head and of a considerable percentage of the arms were almost hopeless in the end when received in front. That of wounds which came posteriorly in nature, there is a very good chance. Most patients and suffered hemorrhage, was the immediate cause of death, particularly the wound of the liver, which often led to a rupture and sudden discharge of the vital fluids.

It is also known that the abdominal cavity is the most dangerous of all, in which a rupture of the liver produced one third of the cases in the war, and produced one death. It was noted that when an abdominal wound complicated a penetrating wound of the femur the arm's condition was very good, and the man immediately died.

The frequently favorable course of penetrating wounds of the abdomen struck by the rifle bullet is well known, and was discussed by several cases under the war, but a very large proportion of the cases have been due to the sharp-edged wounds made by the knife. These sharp-edged wounds particularly of the lateral region of the abdomen have occurred under almost repeated treatment of water, penicillin, morphine and stimulants—but, when this is attended the fact remains that the fatality of gunshot wounds of the abdomen among soldiers our notice has been lowered.

The question of operative interference was one regarding which the most number of the cases occurring rather in an operation as given first an exposure as far as it goes has been undertaken for abdominal cases have died with in one of the opening incision as one of these the abdomen was opened for perforation in themselves in the other two the procedure was confined to

cleansing of wound or the presence of drainage. Not one of the ten occurred. Those in which the abdomen was opened were carefully watched both as being open wounds and as offering fairly definite indications for exploring. In no case, I believe, was the procedure unduly prolonged or such as to cause much shock or appreciable aid to any already existing. These poor results must, we think, be ascribed partly to the open already introduced, and partly to the existence of multiple lesions. However explained, they are such as to convince us that the patient's chances are not obviously improved by such procedures.

It seems to us that in all but exceptional cases, to be judged individually, the patient should be at once placed on bed in the Fowler position, withholding fluids by the mouth and keeping him quiet under morphine. Should signs of general peritonitis develop, the question of making an incision under local or general anesthesia for suppurative drainage may then be considered. A local peritonitis, e.g. over the ascending or descending colon, may be treated extensively and any resulting abscess opened in due season.

As already stated, many of the cases entered in hospital were already hopeless by reason of shock, peritonitis or internal hemorrhage. We believe the best chance can be offered to these men by either working them on board within a very few hours or returning them to the field hospital for not less than forty-eight hours under morphine, until the damaged area has had time to be shut off.

Enter-peritonitis requires need only be briefly mentioned. Good results have been obtained in deep wounds of the iliac and psoasic walls involving transverse enter-peritonitis, especially the colon and rectum, with resulting local lesions. Shallow wounds of the abdomen that involve have been mostly of the cecum. Two of these certainly had some degree of local peritonitis and were in a condition of some gravity for two or three days.

## FRACTURE SOLVING.

BY WILSON L. J. CHAMBERLAIN, M. B., F. R. C. S.

Treatment of this class of wound must naturally begin preparation of the work done on the operating theatre. Until this step with the only concerns on which we kept our eyes—long enough to be able to judge as to results of our treatment. Having got along, our aim first is to cleanse the site thoroughly to do for drainage drainage where necessary, with free administration of repeated profuse irrigation, reduction of deformity and finally removal of the bone in a form of spirit which permits of ready access to the wound, the ultimate end of such treatment is to have every work-factored to the late hospital to free from complications that the surgeon and when case they come may devote his attention to further treatment of the fractured bone if necessary.

All fractures of the lower, unless there is some drug-circum-education are dealt with under general anesthesia. These treatment varies considerably.

Class 1.—For example, quite a large proportion of cases require only cleansing of skin application of antiseptic dressing reduction of deformity and immobilization such cases are those in which there is only a small wound of entry or of entry and exit, usually caused by rifle or machine gun bullets, more rarely shrapnel, with no great amount of laceration of tissue or comminution of bone as indicated by absence of swelling, drainage or under aspect of hemorrhage from the wound given such a condition no further treatment than that mentioned is necessary.

Class 2.—However in a back bone, with swelling, it is advisable to make a free incision and counter-incision, to separate freely, washing out all blood clot, and to secure good drainage by inserting a large drainage tube into the depth of the wound.

Class 3.—In dealing with cases in which there is a large amount of laceration of skin and underlying tissues, with comminution of bone it is important that bone tags of tissue held as though should be cut away that pieces of bone without attachment to periosteum be removed, and that free drainage be provided for by counter-incision and irrigation into every portion of wound.

In cleansing of skin our method has been the good washer and shower and the application of methylated spirit, followed by 1 in 40 carbolic over a large area of skin surrounding the wound.

For irrigation, either solution of saline or hyp. peroxide 1 in 1,000 are employed, using several pints in each case, the



WOUND, HEMORRHAGE AND THE QUESTION OF LIGATURE AND  
DISSECTION OF PRATICE

See TRENCH JOURNAL, 1915, LXXXV, 8-9

## (A) Shock

In some degree shock is present in the majority of patients on arrival on board. Naturally the degree of shock is dependent upon the nature of the injury, the impairment of the patient, and, as indicated by loss of sleep, over exertion and often by persistent diarrhea. Treatment of the wounded undoubtedly plays an important part in the mitigation of existing shock. The patient wounded in the trench or on the battlefield recovered either by band or in a stretcher down communication trenches, often with slight angled breaks in slope, to the first aid dressing station and thence to the casualty clearing station on the beach by stretcher or ambulance wagon. There have been not a small number in the hospital ship being landed aboard on a hot surface of sand in such. All these changes certainly increase shock. The patients who show shock react on those with unobscured wounds and compound fractures of long bones.

On shore the question of amputation is long done, from 1 to 40 amputations, or of great assistance in managing shock, and where this has been the system, as with the Austrians and New Zealanders at Anzac patients with multiple wounds and severe hemorrhages have more or less good condition considering the nature and extent of their injuries. On board the usual treatment by warm and stimulating and hot drinks is carried on. Cases still suffering from a severe degree of shock should not be operated upon until they have been successfully dealt with ashore with unoperated upon for we have not infrequently did very well on subsequent operation.

## (B) Hemorrhage

Very few cases demanding immediate operation for hemorrhage, apart from those with arterial hemorrhage, arrived on board, as most of the hemorrhage cases had been effectively dealt with on shore by the application of dressings or ligatures of the vessel, or by tight bandaging. Occasionally a puncture or tear of a large vessel—e.g., the femoral posterior artery, radial and ulnar—was found and in these cases the bleeding had generally been made the better of the back, among large extravasations of blood which oozed up the band and oozed from places, the artery is not high being

usual enough to permit the saving of fragments. The danger to such cases, however, is not that the fragments in the hand, leg, or the neck, arm, and the thigh, etc., produce swelling on account of compression (1) or cause suppuration, which is true with some closed fractures. It is a case of damaged vessel with exsanguis, and these, owing to compression symptoms are among the most urgent cases for operation.

The treatment of cases in which hemorrhage has been severe naturally consists in the administration of saline solution per rectum, subcutaneously, or intravenously.

#### (C) THE SELECTION OF CASES FOR EMERGENCY OPERATION

This is an important problem in the efficient management of a hospital ship. Cases generally arrive in batches of from ten to fifty, but they may keep coming in as numerous batches so rapidly that accommodation of badly wounded patients quickly results. It is necessary therefore to have some plan for sorting out such cases as require operation immediately, leaving the less badly wounded till the point of operation work is decreasing. On several occasions in the ship it was found that there operating tables had to be kept constantly going for some fifteen to twenty hours before it could be said that all urgent cases had been dealt with.

The whole of certain symptoms—e.g. swollen compartments, the checking of hemorrhage and the persistence of exsanguis—the main essentials to be kept in mind in determining which cases require urgent operation. From the record of operations performed in this ship during two months' work it will be seen that the group of cases especially needing operation is that of compound comminuted fractures, especially of the skull, the femur, the tibia, and the humerus. In the majority of these cases the entrance wound is small and clean, and the exit wound large, lacerated and full of bone splinters and fragments. The hemorrhage is often free from the torn muscular vessels. The importance of removing loose fragments of bone, clothing material and other foreign bodies from these cases with a view to the hastening of repair and the prevention of subsequent drainage as rapidly as possible need not be emphasized.

An exception may be made to this rule in the treatment of cases of compound fractures in which entrance and exit wounds are small and close with no hemorrhage, and in which the degree of swelling of the limb is not great. Such cases may be well with simple dressing and splinting.

As almost all cases of depressed or gutter fractures of the



which show indications of cerebral compression, it is advisable to deal with these also as soon as possible. Any case with intense swelling of a limb due to extravasation of blood should also be opened upon as soon as possible and the same procedure is naturally advisable with acute bleeding freely externally. Wounds of joints where no fracture is perceptible are generally best left alone unless the entry or exit wound be large and lacerated.

Deliberate wounds, by reason of the frequent multiplicity of lesions within the abdomen, are unfavourable as a rule. A few may be closed by operation, but the majority, unless seen very soon after the infliction of the wound are best left alone. Severely lacerated limbs may require immediate amputation unless too great a degree of shock is present, when the operation should be postponed for twelve to twenty-four hours. Any case with laceration of lungs should be unhesitatingly and freely the wound closed up and foreign bodies removed by aspiration as soon as possible. Efficient drainage can then be provided a few inches placed as is necessary, and the degree of sepsis will be limited. Wounds of the femur and pelvis all require operation vigorously, and rapidly repair the time spent upon them in the prevention of deformity of the limb. Ribs which have been completely damaged also are best removed within the first twenty-four hours after the infliction of the wound. Wounds of the lung are best treated by sepsis and not in a closing process: operation is inadvisable.

In regard to the problem of the selection of cases for operation the nature of the wound inflicting the wound is important. Generally a rifle or machine bullet will unless it strikes a bone leave small and clean entrance and exit holes; if however, it has been reversed, or has ricocheted off the ground, it may produce wounds of the explosive bullet type. These are generally produced a larger wound with irregular edges but if obviously treated on the field with saline and the best field dressing, a wound not subsequently healed under a week, like that of wounds caused by rifle bullets, suppuration is however common, as owing to its larger size it is less likely of surface, and lower velocity, it has a tendency to push clothing before it and infect its course through the tissues. Burns and shell wounds are generally septic and severe, infection is common.

In summary, it may therefore be said that the following groups of cases should receive immediate attention on the operating theatre:—

- (1) All fractures of the skull

- (A) Compound fractures of the lower limb, knee, with no exception given above.
- (B) All lacerated wounds on lower limb.
- (C) Cases in which dressing is still obviously going on, whether externally or internally (except through wounds).
- (D) Lysa surfaces.
- (E) Gangrenous limbs.

# CLEANING AND DRESSING OF WOUNDS BY HARRIS, W. C. MONTGOMERY, M.D.

Since the War began a striking spirit of suggestion, sensible and otherwise, as to the treatment of wounds has been centred by the medical men of to-day. This is due to the novelty of the exigencies of the work, and perhaps to a desire to oppose original and be first on the stage with a new and diverting form of antiseptic. Far be it from me to deny any laudable work—and much that is good has been published—but at the same time the simplicity of most of the suggestions of some negates their employment.

During as we were during each trip with large numbers of wounded, without much time to waste if each case was to be dealt with so as to leave no room for self-criticism, the methods used, while thorough, had failed to be simple and speedy. Great as the clouds of scientific suggestion arose, and formulae new and ingenious, the experience of our rough trips has condensed my views and I now see clearly the guiding star of common sense.

Simple bullet wounds, if severed shortly before reaching bone, may be considered simple, and need little more than the ordinary routine cleaning I adopted, namely cleaning with spirit soap, cleaning if required, and spraying with iodine after cleaning the edges of the wound with 1 in 40 carbolic, a sterile gauze dressing is applied, and very seldom does any complication arise.

Wounds with more destruction of tissue—and this includes all other than the simple gunshot wounds referred to—were treated in the same way provided there is nothing in the situation, shape, or contents of wound to interfere with drainage. If this is the case, similar openings must be made, as the wound enlarged till no doubt exists in the mind of the surgeon but that any discharge, wound or otherwise, has a free way of escape. In this connection let it be borne by the dear reader. Picking up such a wound with antiseptic, probe and prevents drainage and leaves the patient worse off than before.

These larger injuries are in a rule, death warts on the chest, and before dressing are freely irrigated with some antiseptic lotion, such as 1 to 10 ichthyol wash, and all foreign material washed out. They are much better seen under an anæsthetic, so very often the injury is more extensive than was at first apparent. For all such wounds the drainage frequent dressing and antiseptic irrigation are the great necessities and if these are supplied then the surgeon can sleep easy a night knowing he has done as well as anyone else could.

In conclusion, I would pay tribute strongly to the wisdom of the human torso, and would deplore any own business for surgical interference of the gross, radial type. Nature if given a decent chance, and backed by attention to the simple rules of common sense, will cure many a limb that an over eager surgeon's hand would have logged off.

#### WALKING WOUNDS

By LEONARD R. STEVENS, M.D., D.C., D.

In dealing with the subject I may state that besides the old cases brought off from the front, there were after a long search all walking wounds. In fact, I think the proportion of walking cases to others was three to one, so that it becomes necessary on the interval between filling up with old cases (usually wounded) and seeing that these cases be passed on to have hospital by means of some transport, usually ambulances. All these walking cases have to be seen individually and treated, whether such or wounded as there may be possibly some serious cases amongst them. This is a point that cannot be too strongly emphasized, as quite possibly under the influence of the shock and abnormal conditions, a man may walk on board with a penetrating wound of the limb and some depressed cases in the. I have myself seen two such cases. In another there was a clean gun-shot wound about 1 in below the right elbow with little hemorrhage, but I could find no pulse in the radial artery, so I put him in one rule for observation. About an hour afterwards a severe hemorrhage commenced through the entry wound, which was on the outer aspect of the arm. On opening we found that both the radial and ulnar arteries had been cut through. They were tied and the case did very well.

When all the sets have been filled the complement is made up with walking cases usually 400 to 420 and it is amongst these

often found in the clean wounds through soft to cut an artery. On the morning of July 1 a flying bomb was sent and passed through the ship and one, which was serious, was kept on board. Some members were all passed through to the space of fifteen hours. Two of these wounds were carried off to the base.

For all practical purposes military surgery is the surgery of gunshot wounds and those due to military projectiles. Gunshot wounds are distinguished by their character. Generally I have only seen one caused by an enemy's impact and that was July 1, 1918, at St. Etienne. Therefore I think the wounds may be classified as follows: (1) shrapnel which in my estimation was as high as 50 to 75 per cent of the cases seen; (2) bullets; (3) high explosives; (4) bomb and hand grenades.

Most of the wounded "walking" cases that were under my care were dressed with the first field dressing which is most excellent if the saline and dressing are properly applied. In passing I should like to remark on the reactions to the first dressing obtained by the use of saline for wounds, particularly through soft tissue. In these perforating wounds from rifle bullets, really very little response is to be seen after the first application of saline and sterile gauze.

The routine followed with these "walking" cases going out of the ship, was simply to apply saline and sterile dressings and not to interfere with the wound in any way. Those cases that remained on board were, of course, treated in a much more thorough manner. First the wound was protected by a pad of sterile gauze. Then all blood and dirt were carefully scrubbed off with soap and water and the surrounding surface was disinfected. The pad was then removed and the wound was gently sprayed with saline with antiseptic solution, usually 1 in 50 carbolic. Saline was then sprayed over the pad and sterile gauze and wound applied. It was very strange to find a large percentage of cases the wounds healed without the slightest trouble. I may also state that shrapnel through soft tissue where there was no laceration, healed almost as well as a gun shot wound.

Lacerated limb and bomb wounds through soft tissue were treated in exactly the same way except that the wound itself was gently irrigated with warm saline, usually all such cases were quite clean and on the first road to recovery when I last saw them. Bullets were only removed in cases where they could be felt just under the skin, or where they were proving men to pain and restriction by pressure. In all instances that the best clean wounds are interfered with the better will be the ultimate result.

## THE ADMINISTRATION OF ANESTHETICS

BY WILLIAM GEORGE F. J. WYNN, M.D.

Perhaps, the first thing that strikes the anesthetist is the ease with which he gets the patient past the first stage and the small amount of vomiting, taking into consideration the fact that the patients, with generally no exception, are not prepared and quite a large number say 50 per cent. have their stomachs fairly full of food—food, too, that is not of a light nature, but of the heavy and badly food variety. This fact, as I think, certainly to be noted.

The next point is that no reliance can be placed on the pupil dilatation or constriction, the only serious index to go by being the corneal upper eyelid reflex. The pupil is dilated, normally in a contracted state, owing to a dose of atropin being given with the first dressing. I am glad to state we had no incident from anasthetics on hand during over two months of pretty heavy work of surgery of all kinds. Personally, I found careful attention to the respiration especially when it became difficult the most reliable guide as to whether the patient was becoming asphyxiated or not. This the corneal upper eyelid reflex, and seeing the amount of atropin that had been given at the time of first dressing, are in my opinion the three most important things to guide us in anasthetics in war-time surgery.

The laryngeal anasthetics used was chloroform, then ethiodorm and ether in proportion of one to two and then ether as an adjuvant. Personally I did not use ether at all now, I think did very of my colleagues except in one or two cases by the open method. At first, although the patients were got quickly under, one seemed to be using an undue amount of anasthetic but this we soon found out to be an account of the ether first and the use of ether first in this theatre.

In conclusion, I think that the chief reasons why anasthetics were successful were the physical condition of the men—most of them having come twelve months' training—and absence of alcohol. Most men look pale indeed as a reason for anasthetics difficult but this did not seem to be the case, all smoking stopped all of them in quite heavy, especially cigarette, and, indeed, a good proportion of them served on the table with a cigarette three months.

## 90 Two Months' Work in the Hospital Ship, *U. S. Albatross*

### DENTAL SURGERY ON BOARD

By David HARRIS, U. S. N. (U. S. N. 100,000, 100,000)

Among the large numbers of patients who have passed through the ship, none the commencement of our work as a hospital ship for the conveyance of wounded soldiers from the frontiers, very many of interest to the dental surgeon.

Compacted features of the face were very numerous. This is not surprising in consideration of the exposure of the head to shrapnel and rifle fire which is the outcome of modern trench warfare. A marked feature of these wounds, as common with all fractured wounds involving the mouth, was their exceedingly fatal state. This I consider to be largely due to the fractured condition of the teeth present, advanced stages of periodontal disease being met at all successively associated with these cases.

The hardest task the patients were on board before being discharged to the base hospitals rendered it extremely impossible, to most frustrated pain by means of the usual dental splints. Much relief, however, was afforded to the patients by frequent syringing, the use of antiseptic mouth washes, and in some the extraction of loose fragments of fractured teeth. The chief aim was to keep the mouth as clean as possible, and thereby render it more amenable to treatment by the dental surgeon at the base.

The state of the teeth is an exceedingly important factor in the physical fitness of a soldier, especially under such conditions as exist on the frontiers, where the food is unwholesome, of a nature to tax the digestive organs of a man with the best dentition. The teeth of the majority of the men who passed through the ship were in a deplorable state. Many of them when we entered the base hospitals were afflicted from the fighting line solely on account of defective teeth. The causal relationship between oral sepsis and general disease is well known. I am convinced that many of the cases of post-traumatic infection, which were so numerous among the troops, were caused indirectly through sepsis absorption from bad teeth.

I trust that not the least of the lessons known to be learnt from this War will be the supreme importance of an efficient dental service.

## SYMPTOMS

By the time the patient is brought into the hospital, the following symptoms are present:

Nothing is so frequent, day or night, as to witness a patient in a very delicate condition, as a hospital ward patient, brought to the hospital, and on inquiry about the case, and more especially the patient, on more than one occasion, to find that time is short, and in numerous instances of men are meeting attention and just do the best one can for them under such a bad trying circumstance. Our chief difficulties are the endless struggle to get these people clean and deathly clothed so as to prevent the most serious complications and mental shock from which many of them are suffering when they reach us—especially those from Italy. Men who have often been lying out for weeks—some as long as four months without food, exposed to the sun and tormented with flies—and the hopelessness of trying to make comfortable the men who are wounded in so many different places that they can find no easy position in which to rest. They all arrive on board on the station that have worn for many weeks or months, there are usually quick, stiff with blood and mud, slow with vermin, and almost black with flies.

As soon as possible after they are put in their cots, everything is taken off or removed, and the patient covered with either a blanket or sheet. Owing to the extreme stench, through of the drainage it was soon found impossible to use buttoned sheets or draw sheets for the cots, and we now find the most practical and economical way is to cover the mattresses with long muslin sheets which can be fastened down, freely with safety pins on either side, and when needed can be easily unrolled with soap and water, or sprayed with a disinfectant, the patient being left quite dry and clean. There has been found particularly useful in covering a great number of cases, suffering with acute diarrhoea and many men with褥瘡 (bedsores) due to heat or spread infection. The difficulty of making comfortable a man with multiple injuries is greatly lessened by the help of our pillows and rings, especially the latter, as they allow a man with a leg drainage-tube through his thigh to lie on his back without pressure in the wound. One patient in the ship had two separate wounds to be dressed, when they have as many as five or six, and ingenious methods have to be devised to fit them comfortably in their cots. The most distressing cases to nurse are those with head injuries or serious abdominal wounds, but those that give the most work are the few cases known of the

difficulty of looking them over tables and keeping their number straight.

The patients are divided into two classes—rest cases and walking cases. When we have made up our numbers and are ready to leave for a base hospital, we generally have on board about 300 rest and 400 walking cases. The latter, commonly known as the volunteers, stand every morning at a large dressing station on the lower deck, by forenoon and at night they are each given a uniform, a pillow, and one or more blankets, and they sleep either on deck or below in the wards, just what pleases them. We see but little of them, as the rest cases take up so much of our time. Of these 300 are carried in naval service cots along their own lower stowage on both sides of the saloon deck. As they almost touch each other, they are unable to swing too violently when the ship is rolling.

All cases requiring a great deal of treatment or observation lie out below in the wards, such as delirious patients, severe head cases and fractured legs, and all serious operation cases. Consequently, the most cheerful nursing is done on deck, where the operations are not so severe and where, under the influence of fresh air and cheerful surroundings, the men rapidly recover their good spirits and enjoy watching all that is going on around them.

The dressings are done under some difficulty, especially in rough weather, and the most delicate people are those who are slightly hurt, and are easily upset by the noise. Light wooden dressing tables have been made by the carpenter, some neatly covered along the gangway, but large enough to hold all that is necessary.

Work in the operation theaters is very different to anything we have ever seen before. There are two on the upper deck, each with a "cater" on charge, and the largest theater contains two tables. The patients have had no previous preparation. They are carried straight up to the table, and then dirty, blood-soaked clothes have to be cut right off, and the dress soiled ones before any actual surgery can begin. Three tables full in the stern of the theater attendants, and the "cater" is left to wash and clean his own instruments between cases, often to scrub down the table, and always do all the odd jobs.

Going to the tremendous number of dressings done in the ship each day, we find that keeping up the deck is a very big item in our work. There were times to cut up dressings when the ship is full of patients, but after looking them at a point on my return



concentrated. Patients we all work hard to make up and therefore attend to promptly in the next trip.

As our quarters are limited, only one night nurse can be on duty at a time and with so many cases on the ship her task is not particularly easy. However, on one point we are all agreed—that we have never before treated men who have suffered so much and complained so little, nor seen patients show so much appreciation towards each other and gratitude to those who are serving them.

## THE HYPOCHONDRIASIS OF LUNACY

By JOHN W. W. W.

Psychoses may have various as the principal symptoms of the disease, but the hypochondriasis is a kind of the properties of psychoses, and is a disease of the mind. Its symptoms are the hypochondriasis, which are a kind of the mind, and the hypochondriasis is a kind of the mind, and the hypochondriasis is a kind of the mind.

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### THE HYPPOCHONDRIASIS OF LUNACY

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*Chromolaena odorata* (L.) Benth. was commonly visited by the flies. The larval stage of the adult is similar to that of *Chromolaena*.

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#### *Chromolaena odorata*

*Chromolaena odorata* (L.) Benth. was commonly visited by the flies. The larval stage of the adult is similar to that of *Chromolaena*.

All the specimens of the Upper Nymphs of the fly were found to be similar to those of the fly. The larval stage of the adult is similar to that of *Chromolaena*.

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In other parts in the treatment I used my nothing, except that eosinosis considerably shortens the whole period, and thus also the time spent on each dose. I experienced no collapse and no ill effects from the use of the drug. Used in conjunction with quinine, no symptoms were required as an average.

#### OTHER FORMS OF DYSENTERY

The opportunity occurred recently of trying eusinosis in two cases of non-invasive dysentery contracted in Egypt. Both cases were characterized by rapid onset and by the prostration produced by high fever, constant and violent discharges. The effect, however, does not seem quite so marked in non-invasive dysentery; good results are achieved more slowly. It is said that eusinosis is not much used in the severe bacterial dysentery of certain countries—e.g., the Philippine Islands. In the face of a very ancient selection, marvellous results are hardly to be expected, nor is a rapid cure to be expected in neglected dysentery of any sort with marked absorption, &c. I would venture to suggest that in many cases the dose just has been too small.

#### OTHER INTERNAL CONDITIONS

The "dysentery" as *syndromes* in the tongue and when due to chronic changes or to definite infections may be checked by one or two symptoms (p. 51). Recently another type of case was encountered, on account of it. It was the case of a woman awarded for severe gonorrheal rheumatism who developed a bad attack of colitis while taking passage. The patient came on board with a bilious and in a bad way generally. After a careful consideration of the case, it seemed that the attack was due to delay. Treatment with solid, but not too hard and open, was tried without result. The next condition demanded prompt measures as he was very weak on a trial dose of eusinosis (p. 5) was ordered. The improvement which followed encouraged me to give 1 gr divided into three doses each day. The reduction in temperature, the improved pulse and the subsidence of the dysentery which followed were most satisfactory.

It has been my intention to use eusinosis in a case of typhoid fever, but during the last twelve months such typhoids as have passed through my hands have been either convalescents or early cases, in which a fatal reaction had not yet been done. I should imagine eusinosis would be most useful towards the end of the second and during the third weeks of an ordinary case. Already

For outside reports have been published of its value in hemorrhage from the bowel in typhoid. It is this hemostatic property which every toxic substance more widely used as medicine. Its action on diarrhoea, dysentery and other conditions I have called "antisyptic" for want of a better term. Its hemostatic value has been reported on in the following conditions:—

*Hemoptysis in Pulmonary Tuberculosis*—Several reports have reached me in a paper of the success of cocaine in this condition, used with or without morphine. Since making these reports I have not had a case of hemoptysis. Regarding the usual treatment has been used morphine, and relief of cough and blood pain. All the hemorrhages and expectorations of the pneumonopneumonia were useless.

One writer reported lately that cocaine (½ gr. daily) had been uniformly successful in his cases, and that he found it good practice to continue treatment for five days after all trace of blood had disappeared from the sputum.

The same writer reports good results in patients who, with hemorrhage, die in cases of dysenteria where no organic lesion could be discovered.

Salvarsan also found a field of usefulness beyond its official purposes—e.g., in relapsing fever, typhoid fever (in apyrexia), diphtheria and in pneumonia diphtheria. Salvarsan also failed where cocaine was expected. The same seems to be true of cocaine, it has no effect upon the course of diphtheria, for instance. It would be interesting if medical officers of hospitals would publish any results they have had, positive or negative. They are in a better position to follow their cases than medical officers at home.

In the meantime experimenting is necessary, for the therapeutic of cocaine we are not yet on a rational basis. We do not know how to use it.

ON A LEECH REMOVED FROM THE NECK OF A SOLDIER FROM THE DARDANELLES

By HERBERT F. HARRIS, Sc.D. F.R.S.

*Lecturer of Zoology in the British Museum (Natural History)*

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THE warmer countries round the Mediterranean are infested by a species of leech (*Glossina* *estiva*) which has the dangerous habit of sucking an entrance into the nasal cavity, the pharynx, or the larynx of man, horses and other animals, and of producing results which are serious in their nature and may even be fatal. This danger has been known from time immemorial to be especially in the Levantine countries, and is familiar to medical officers who have had experience there. The army of Napoleon, returning from Syria to Egypt, suffered severely from the ravages of this leech. It seems worth while to call attention to a case which proves that our own forces in the Gallipoli Peninsula have been exposed to the same danger, the symptoms of which may be mistaken by many medical officers who have had no opportunities of making the acquaintance of this parasite.

On September 16, 1918, the British Museum (Natural History) received a large leech which had recently been removed from the nose of a soldier involved here from the Dardanelles, and was then under treatment in the Military Hospital, Tooting, S.W. The specimen had been preserved in spirit, and it now measures 85 mm. (nearly  $\frac{3}{4}$  in.) in length its greatest thickness being 14 mm. (more than  $\frac{1}{2}$  in.), and its posterior width being 12 mm. in diameter. Dr V. J. Wiggles, who was in charge of the case, kindly supplied me with the following information:—

The patient who was a private in the Army was admitted to the French Hospital Gallipoli, on August 31, for gunshot wounds of the fingers. On August 26 he began to suffer from nose-bleeding, headache, and pain in the stomach, and was particularly distressed as a case of enteric fever. He was transferred to the hospital ship "Osiris" where he became worse. On September 18 he arrived at the Military Hospital, Tooting and suffering from nose-bleeding, headache and other symptoms. He was found to have contracted a double typhus infection, which may have accounted for some of the symptoms. After he had been in the hospital three days, the leech was observed and extracted from

him away by the nose and was seen to hold it tight. The patient stated that all the water he had had was from wells on the lower level and springs up above, and that it was clear and good and had been passed by the medical officers.

The tooth proved to be an example of *L. salivata*, individuals of which work about the same size as those of the medical leech (*Hirudo medicinalis*). From the medical leech *L. salivata* can be distinguished by the occurrence of a characteristic longitudinal groove, which divides the upper lip and does not occur in the other species. The history of this case is entirely in accordance with what is already known of the habits of this leech. Although the facts are harder to appreciate, it cannot be supposed that they are known to all medical officers concerned in caring for the health of our forces. A useful purpose may thus be served by recording some of the available information.

An excellent summary of our knowledge of the subject may be found in Dr. J. E. Mayble's recently published book, 'The Water Leeches of War' (Rush, Elder and Co. second edition, 1915, pp. 161-169). Other sources of information are a paper by the same author in the British Medical Journal (December 5, 1914, p. 901), T. Blanchard, 'Hirudines de l'Inde communale et medecine' (Revue des Sciences 1894, vol. 11, No. 384, pp. 33-43) and E. W. G. Masters, 'Hirudines in Human Parasitism in Palestine' (Parasitology 1908, vol. 1, pp. 163-184). Blanchard gives references to contemporary writers, by D. S. Lamey, of the troubles experienced by Egyptians at war. According to these accounts the leech usually attaches itself near the posterior naris behind the soft palate, but sometimes penetrates to the nasal cavity, the nostrils, the epiglottis or the larynx of the glottis. Masters gives a similar account, but in most of the cases examined by him the patients had penetrated to the larynx. He points out that the frequency of these laryngeal occurrences was probably due to the fact that the *Africans* are unable to do anything to relieve such cases, though they are able to extract leeches which have taken up a more accessible position.

*L. salivata* is an inhabitant of fresh water, and it is extremely common in certain districts in pools and wells. It is said to be taken in when drinking, especially, as Masters points out, at dusk or in the dark, and it is usually of small size when it becomes parasitic. Once introduced, it takes up a position from which it does not readily allow itself to be dislodged. Its bites produce copious bleeding, the extent of which may become very serious in

own hand. When it is situated in the neighbourhood of the glottis it may result in loss of voice and produce dangerous interference with the process of respiration, while its attachment to such sensitive regions as the epiglottis is naturally attended with great inconvenience to the patient. When it is movable from the cavity of the mouth so that it can be removed without great difficulty, but the treatment of intraglottal cases requires the use of a laryngeal scope. The method found most efficient for its removal by Mikulicz was to introduce a piece of cotton-wool with a 30 per cent. solution of cocaine and to keep it in contact with the growth, which after a time atrophies in bulk and is washed up. The author recommends placing the patient on a bed with his head hanging over the edge so that the back when inclined may not press down the larynx.

The patients of surgeons infected with this parasite are well aware of the importance of taking precautions in drinking. One with previous experience adopted a teacup to take the water into the cupped hand and thus he made sure that it contained no larynx. It has been suggested that there is Biblical authority for this action as shown by the story of Tobiah's rejection of wine. The method of straining drinking water through *perforata* is also adopted and boiling the water would no doubt be even more efficient. It should be remembered that the larynx is likely to be small and inconspicuous while it is taking a fine perfume. Larynx states that it is colorless, yet thicker than a horse hair, although it may become as large as a needle and hard when gorged with blood. It is desirable to take similar precautions in allowing animals to drink, the extent of the danger being indicated by the fact that in certain districts almost every horse and mule has been observed to be suffering from a breathing morbid due to attacks of this parasite.

In conclusion, I wish to express my thanks to those who have benefited me with valuable information on this subject, and particularly to Dr. A. G. Stephen, F.R.S., Master of Christ's College, Cambridge; to Mr. A. W. May, F.R.S., Director General, Medical Department of the Navy; to Fleet Surgeon W. L. Martin and to my colleagues, Mr. H. A. Baylis and Professor F. Jeffrey Bell.



# THE INCUBATION OF TYPHOID AND THE RECOVERY OF ANTI-TYPHOID IMMUNITY DURING THE FIRST YEAR OF THE WAR

By FREDERICK J. W. RABBITT, M.D., D.S.

THE period covered by this investigation is from October, 1914, to October, 1915, for which returns have been sent. The history of the Alameda Wright C.R., all the convalescent vaccines have been supplied from the Incubation Department of St. Mary's Hospital, the amount of which has been very considerable. The vaccinations have been voluntarily undergone by a large percentage of the various Naval ratings in the Hospital, many of which the Royal Marine and Royal Naval Divisions have formed the greater part. Most of the men received the vaccination three weeks following their landing at Welles, Stamford, Crystal Palace, and Royal Marine Headquarters, &c., so that the necessary precautions could be taken to prevent any further infection.

An abstract of the returns is given in tabular form:—

Number of men vaccinated, 22,645	Incubated	
	Over 1,000*	Total
Royal Naval Division, Welles, Crystal Palace, Stamford, &c.	550	8,771
Royal Marine Headquarters	13	4,022

\* 100 men single full dose.

The reactions throughout have generally been very mild, rarely lasting more than forty-eight hours. The most common symptoms noted after the vaccinations were shivers or slight rigors, headache, pains of short duration, the temperature in a few cases rising up to 100° F., but quickly falling, headache, diarrhoea, and pains in the joints. Syncopeal attacks occurred in a small percentage, most often in very young officers and junior ratings, coming on very soon after the vaccination and not dependent upon the continued uptake. In one case convulsion of the right leg and foot was complained of seven hours after the vaccination and lasted for twelve hours. There was not a single case of a local abscess at the site of the injection, and in very few cases was it necessary to place the patient on the sick list. However, it is always advisable to give the vaccinations in the late afternoon, and for the patient to spend as much as possible of the first twenty-four hours at rest, with light diet and alcohol prohibited. For the sake of the vaccine, I prefer the subcutaneous route when great numbers of

may have to be done the war is more convenient, but I think the mistake is often made wrong.

The duration of immunity, which is given by two vaccines one strictly be found to last longer than two years, and with English preparations it is generally believed to be about eighteen months. We find that the agglutination curve, which is an "imperfect" index, of the protective substances in the blood, has usually returned to about the normal line within twelve months. I have a record of an officer in the Box War, who contracted the fever a second time after an eighteen months interval, which is an indication that in the active immunity produced by the vaccine may be lost in a short time, it is widely that the artificial immunity given by vaccines should last longer, and often it is much less.

#### Cases of Typhoid among our Force

There must be grouped into two groups, first those occurring in the general Naval service, and second entirely among non-military land men, and, secondly, those which were recorded from the Repatriation Force employed in the Dardanelles area. The results are shown in the following tables:—

TABLE I.—General Service

100 cases			17 deaths		
Not recorded	Isolated		Isolated		Not isolated
	Quar.		Quar.		
	Quar.	Force	Quar.	Force	
100	0	1	1	6	16

TABLE II.—Repatriation Force

100 cases already diagnosed			17 deaths		
Not recorded	Isolated		Isolated		Not isolated
	Quar.		Quar.		
	Quar.	Force	Quar.	Force	
65	41	24	—	5	6 + 1(?)

In a number of these latter cases (14) no laboratory diagnosis was recorded, in 34 a definite diagnosis of typhoid, and in 12 a

paratyphoid infection was proved. In one case, definitely ascertained, the patient died from pulmonary emphysema, and *Bacillus paratyphosus* B was isolated from the sputum by Fleet Surgeon Whitfield. An interesting case is recorded by Fleet Surgeon M. Reid of a man with clinical symptoms of typhoid in whom the diagnosis had been confirmed by a Widal test previously and who received one injection of the vaccine. Though the man died, the vaccine did not appear to have produced any effect. Had the diagnosis not been confirmed by the Widal test before vaccination, the case might have been attributed to the vaccine.

In a number of cases the source of the infection was readily ascertained by cultural and agglutination methods. From the figures obtained by Fleet Surgeon Whitfield at the Royal Naval Hospital, Plymouth, and by myself at Devonport, the following table has been drawn up, which probably gives a fairly accurate percentage of all the cases:—

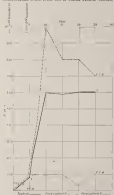
Typhoid	Paratyphoid A	Paratyphoid B	Inflixion
31 per cent.	33 per cent.	23 per cent.	13 per cent.

The "inflixion" includes all those who have been vaccinated against typhoid and who gave no agglutination reaction for their disease in two dilutions only and no reactions for other organisms. Some of these cases were probably not inflixions, others would be spurious. Mixed infections of typhoid, paratyphoid A, paratyphoid B or both were occasionally observed. In one case at Devonport which was entered as an inflexion *B. dysenteriae* Flexner was isolated from the faeces and several chronic dysenteries proved to be paratyphoid infections.

It had been recognized that as paratyphoid infections are so common in the Devonshire area, if no immunity can be conferred by vaccination vaccine there should be used. In the great majority of cases full convincing doses of typhoid vaccine have not been given, but it is assumed that the protection obtained by this means should not be reduced for the more important and fatal disease. For a third, or if possible a fourth, vaccination with the paratyphoid vaccine was given. Thus the method then has been generally followed in the training camps, and about 1,200 men have been vaccinated. The paratyphoid vaccine has been a polyvalent one made from *Salmonella dysenteriae* (five strains of B and two of A). These were grown to broth for thirty-eight hours, standardized, tested to 10<sup>7</sup> C for half an hour, and 0.5 per cent. (yeast added) 150 million of each being given for the first dose, and double the quantity for the second vaccination. If only one dose

could be given the larger was used—in no case have the reactions produced been severe. A rabbit treated with the vaccine gave a good agglutination response. Recently, owing to the urgency and

accumulation of cases, 1900, 100 cc of Typhoid Vaccine Vaccine,



the urgency of giving to many inoculations, a triple vaccine of typhoid, paratyphoid A and paratyphoid B has been used both at Malta and at Constantinople. The first dose is the vaccine made at

Organism contains 500 million typhoid and 150 million each of paratyphoera A and paratyphoera B, and in eight days a second dose of double this quantity is given. With observers assisted by myself and reports on men who have been associated with this vaccine it appears that on no case has the reaction been more severe than after using the simple typhoid vaccine and maintenance, as judged by the agglutination tests is quite good for all three organisms. A triple vaccine has been used at Alaska by Surgeon Lynch since August 15, 1916, the first dose containing 500 million typhoid and 150 million each of paratyphoera A and paratyphoera B, the second dose 100 million typhoid and 50 million each of paratyphoera A and paratyphoera B. It has been observed that different strains of paratyphoera have very varying agglutinable values, and that paratyphoid A is the most irregular; also that repeated administration in fairly greatly increases the immunity. We have not yet any evidence as to the durability of the immunity we produced as compared with a more vaccine, but a volunteer in the laboratory who had not been previously vaccinated has received two injections of this mixed vaccine and his agglutination curve is being recorded. The reaction to typhoid and paratyphoid B in this case is higher than for paratyphoid A, and is also best maintained.

The utilization of the triple vaccine has tended to recommend it (1) The time used is considerable, (2) the reactions are not severe, (3) maintenance appears to be good, (4) the full dose of typhoid is given. The practical experience of the Japanese and of Lindberg shows that these mixed vaccines have been used successfully with satisfactory results.

#### DISCUSSION

There were 90 further cases of relapse at Malla Hospital during the period of this review, of which 15 were typhoid, 1 paratyphoid A, 10 paratyphoid B and 64 were undetermined. Of the 15 typhoid cases 12 were unaccompanied and 3 had been previously treated, there were 6 deaths from typhoid 5 of whom had received no previous inoculations.

#### REMARKS

That Surgeon Russell Smith desires to draw attention to an error which unfortunately appeared in his article, "The Possible Importance of Malaria in Chikungu Fever and its Treatment by Inoculated Vaccine," *Journal of the Royal Naval Medical Service* (London, Vol. 1, no. 1, p. 45) is that the curve should represent the pure maximum agglutination and the dotted line the minimum agglutination at two rates as shown in the chart.

MALARIA IN THE SWINE "HERMOSA" AND "DOROTEA," AT TAMPICO WITH SPECIAL REFERENCE TO METHODS OF BREEDING.

By FRANK GEORGE LITTLE M. D. MARRS, B.S.

On December 13, 1904, the "Hermosa" arrived at Tampico (Mexico) in order to give protection to British interests and refugees during the time when the Federal forces of General Huerta were defending the town against the attacks of the rebel forces of General Carranza.

On arrival at the entrance to the Tamico River the flag of the late Maximilian for Christopher Columbus was transferred from the "Dorotea" to the "Hermosa," and we then proceeded up the Tamico River to Tampico, a distance of one mile. Here it was found that there had been sharp fighting for the previous three days, and that the Federal forces had successfully repulsed the rebel attack, chiefly by the aid of the two gunboats "Dorotea" and "Hermosa," which could shell the rebels from the river protecting Tampico from the south.

The surroundings of Tampico are flat and swampy presenting the appearance of a typical malarial district. Large lagoons are situated north and south of the town. Tampico is an important commercial port and the center of the oil export trade. The town has a varied population of 35,000; Americans, British, Germans, Dutch, and Spanish are all represented in the oil industry.

The native part of the town is on a lower level, and its residents are unfortunately primitive. Garbage, animal and vegetable matter is scattered every where about houses lying in a state of putrefaction, preyed on by an immense horde of vultures and other filthy scavenging birds and then for resistance from the fangs of snakes, dogs dragging bits from the heaps and hungrily devouring it. At every doorway of one of these houses an awful heap, a vortex of filth would rush bearing into the fatal atmosphere, and within a few yards of these filthy spots the native population of Tampico live wretchedly.

Under these conditions it is no wonder that malarial fever is endemic, the native population being mostly unvaccinated, or that typhoid is always present, cases of dysentery also were occurring on account of the rebels having cut the water supply, the only supply available being pumped from a shallow lagoon near the town.



The R-Monta anchored opposite the town, within fifty yards of the river bank where the river is 600 yards wide. The bank was strengthened against erosion by wooden piles, behind by a belt of shrub and beyond the low-lying marshes extending several miles.

Two parts of the coast of Mexico is notorious for widely spread and serious malarial infection. The seasonal prevalence is from May to January. The months of February, March and April are moderately healthy. The infection is intense and persistent, the fever, malignant form being unfortunately extremely common. No attempt has been made to deal with the shallow lagoons and swamps which surround the town, these contain abundant vegetable matter and afford ideal mosquito breeding grounds. The colonies have within amongst the white employees of the various oil companies in very high. Perhaps these climatic conditions may explain when the trouble in Mexico finally ceases and when European and American influences are more prominent in the neglected country.

The first night in the Pango River will always remain vividly impressed on my mind. The malarious smell of the city river combined with the stench of sewage (disposal) which infected the day created conditions for which we were hardly equipped. It was at once realized that it would be necessary to secure the ship without delay.

The following day I went ashore with the Foremaster and purchased sufficient quantities of mosquito proof boxes were given (nothing as used in Panama, and also a quantity of mosquito net generally used for mosquito nets. The wire and muslin were used in this way —

Wooden frames for the gauze were made for all gun ports and skylights. These were made mosquito proof without difficulty. Wooden frames with doors were made to cover all the hatches. The doors were made to fall to be attached weights and so were kept closed automatically. All hatches were covered by muslin, either fixed by glue or by fastening the muslin over the bars of a well-fitting wood clamp, the latter measure was very efficacious, especially when the muslin was afterwards replaced by wire gauze to ensure better ventilation. The gauge was readily be fixed to the wood wrap by perforation at the central part. The real difficulty arose when the large square-roofed exhaust hatches were attempted and also the doors leading on to the upper deck from the starboard wing and entrance. These doors have to be kept closed when



could not be kept from being made for the supply of the ship. All the small supply and oil tank openings with a strong air jet can be readily sealed by canvas or gutta tied over them. It is often found that the external openings of circulating supply pipes are more readily made airtight than the large openings on deck. The supply openings in the hull were covered by a screen, as a wooden frame. These screens were found to be covered with mosquitoes in the morning.

In order to make a success of these protective measures, the intelligent supervision of the whole ship's company is essential. This can be obtained by instructions especially impressing upon them how necessary these steps are to prevent infection.

A daily inspection of all the screens is necessary to repair any damage and again to see that all screens are in position by sunset. By these means the ship was made habitable at night, but if there is much sickness or debility the results are soon obvious.

All clothes or skins were subjected to an ammonia soak. Nets were purchased for the protection of the deck as necessary. All men had to sleep below and were instructed to wear boots after crossing quarters with their trousers tucked inside their socks. Quarters was visited daily in doses of 15 go. to the whole ship's company from the evening of arrival and continued until the end of January, when the ship had a short stay at Yara Cove.

Life on board under these conditions is of course far from pleasant, but it was understood the necessity and importance of these measures a great deal has been gained.

During the day mosquitoes were caught by and killed. The ship was kept as dry as possible, any means of breeding places, such as 'mess tins' were removed and kept dry. The screens were constantly maintained with ventilation to a certain degree. The lee quarter part the bottom, as the open work makes it expensive and hard to paint, it also provides other means and otherwise making interference with ventilation to a marked degree.

The mosquitoes present were the large black *Anopheles maculipes* group and a few varieties of males, but very few *Stegomyia* were discovered in the various specimens examined.

The outbreak of infection in the 'Albatross' occurred in two distinct and separate phases. The first observation was due to infection received from the day of arrival up to the end of January. The second outbreak was due to a fresh infection, commencing after the first case in May. The period of February, March and April was practically free from fresh infection.

The first wave of cases occurred on the middle day after arrival in the river (Christie, 1911) and continued daily until the end of January, in which time 21 cases had been under treatment. The second outbreak in May accounted for 55 more cases, making a total of 106 cases in a ship's company of 435.

The type of infection was tertian benign and subtertian or malignant in a ratio of 4 to 1 respectively. The onset was sudden, characterized by the following typical case: A man would report himself as ill at 3 p.m. complaining of severe headache, shivering, and pain in the back. The temperature would be from  $102^{\circ}$  to  $103^{\circ}$  F., rising later from  $100^{\circ}$  to  $100^{\circ}$  F. Quinine intestinal symptoms were common, but spleen pain was not frequent. In the whole series of cases no severe symptoms nor complications were noted. There was, however, one case of hyperpyrexia with delirium, and one case of coma which needed emergency treatment by repeated intravenous injections of quinine hydrochloride to doses of 1 gram. The symptoms in the second half during the summer illness were markedly modified by the previous regular prophylactic doses of quinine every evening.

The tertian benign cases rapidly improved after an illness lasting from two to four days. Many deaths were taken showing the true insensate mentality of fever.

In the subtertian cases, however, the symptoms would be more severe. The fever, of an irregular high intermittent type, would last from five to seven days. Recovery would be delayed and after-effects such as anorexia and loss of weight would occur, with a marked tendency to relapse.

Blood films were taken at all fresh cases and showed in the majority of cases the parasite of the various types of malaria in all stages of development. Many films of malarial infection were negative. This is explained by the previous taking of quinine and by the fact that in subtertian malaria the parasite is only found in the peripheral blood in its early stages of development, when it was often seen as a double infection of the not enlarged merozoite, the later stages of development and sporulation taking place in the spleen, liver, and adrenal capsule. In the films negative to the parasite, however, other evidence of malaria was usually found such as pigmented leucocytes and a leucocytosis of the large mononuclears. The Leishman stain gave excellent results.

The satisfactory treatment of a large number of cases of malaria on board a tight corner presents many difficulties on the paper

screening of the infected rats is essential when a) it is essential to get on collecting the ship. The first large mosquito netting was tried for use by British ships because to all intents (at least) it was, in a broad sense, part of the ship. A number of camp beds, which had been purchased for the use of the refugees, were utilized, and these were screened by mosquito nets. Incision of the net was thus satisfactorily obtained, and the men took care to maintain use until the middle of February.

Quinine treatment was conducted as follows: At the onset a dose of 15 gr. was given by the mouth with 4 gr. of sodium. For the next five days 10 gr. three times a day in solution followed by 10 gr. twice a day for another five days. Then followed a course of 5 gr. three times a day for three weeks, continued with Elixton's syrup and other tonics if there were anorexia and loss of weight. Quinine was continued on a weekly dose of 15 gr. every Friday for three months. If any case did not react satisfactorily as if gastrointestinal symptoms were indolent, or if there were pyrexia over 100° F., quinine was given by intramuscular injection in doses of 1 gram of the hydrochloride in 1 c.c. of sterile water in a syringe.

The method of treatment was markedly successful and was always used as a resource to control the quinine treatment by the mouth. Injections of quinine into the buttock and penicillin and erythromycin. Supplies of the supplies were purchased locally where they were in great demand. At the time I had the pleasure of meeting the U. S. Hospital ship, "Bellevue," which arrived at Tampico to work on the U. S. ships. I had the benefit of the experience gained by several American naval surgeons, who were working with the types of modern in the past of Mexico, and was able to compare their methods of screening ships and other prophylactic measures adopted. I shall always have pleasant recollections of the kindness and courtesy of Medical Director von Wedekind, U. S. N., and the staff of the "Bellevue." These ships were never removed to the "Bellevue," namely, one of extreme one case of dysentery with loss of consciousness and one case of appendicitis after operation and drainage for conservative treatment. Other ships, based at Tampico, were the German cruiser "Emden" and "Hermann," the U. S. ships "Thetis" and "Des Moines," and the Dutch cruiser "Hortsmann." All these ships experienced similar outbreaks of malaria.

During April and the first half of May there was continued fighting for the possession of Tampico. At many British women

and children as possible were taken on board and accommodated in the ship with other ships, notably the "Archon" were detained and chartered for the accommodations of the remainder. Tampian was evacuated by the Federal forces on May 12, and 4,000 rebels entered the town. This event was followed by a period of some semblance of law and order, which was welcomed by the British population. These facts are mentioned to show that the presence of the ship was necessary, and the "Bontona" was our only ship on the station possessing the suitable draught. During the period January to June no ships have could be procured at Tampian to the ship's company.

The second outbreak of malarial commenced suddenly early in May after the first rain and continued until the ship was relieved at Tampian on June 9, by the "Brazil". The outbreak accounted for fifty-five men of the same type as previously. The "Hermione" then sailed for England.

On June 9 I joined the "Brazil" and found that, as the result of the experience in the "Hermione", special mosquito-proof copper wire gauze fittings had been made and adopted in Portsmouth Dockyard, there were a great improvement. The windows were protected by gauze on wooden frames with brass clips, so that they could be retained in position by the ordinary outside screws. Special doors had been fitted to protect the officers' quarters and upper deck galleys. Frames were supplied for all hatches, skylights, ventilating supply intake, &c. A quantity of varnished and white wash material had been supplied for protecting all the numerous legs and smaller openings. The framed doors over the main hatches were made hermetically and opened upwards—they were fitted with strong hinges and handles. The roofwork of these frames should be reduced as much as is possible to be compatible with the general weight of the deck. The same difficulty was experienced in dealing with the numerous doors opening on to the upper deck and communicating with the storerooms, workshops, &c. Each door must be closed and kept closed after sunset to avoid infection of these parts of the ship and, in turn, of the main deck.

The "Brazil" had arrived at Tampian with a ship's company, the majority of whom were young men brought out from England, and of a late winter nature, not commencing to appear with the hot weather. The ship went up the river to Tampian on June 10, and was moored at the same locality as the "Bontona".

The consumption of quinine was increased to 18 gr. and 5 gr.

cauliflower formation. All men were equipped in light green boots and light green (Fig. 1) m. Few precautions were considered to be absolutely necessary, considering the common circumstances which infected the ships, these tropical nights. Quinine, aspirin and aspirin on the whole, supplied with helminth and malarial pills, these men also wore gloves and had their bodies and feet protected. No lights were permitted on the upper deck at night.

In spite of these precautions, the cases of malaria increased on the thirteenth day after arrival. The first men infected were the windmill crew and men from the upper deck. These were followed by the younger members of the ship company, from the after-part of the ship. In all nearly 100 men were infected between this time and the end of July out of a ship company of 115. The cases though numerous were all the same mild type as in the 'Hermione'. There were no malarial or malarial cases. The greatest number under treatment in one particular day was only nine. On June 25 the vessel left Tampara for Yon-Cow after a stay of numerous days. The number of fresh cases decreased rapidly after the ship had been away for two weeks.

Yon-Cow is free from mosquito infection, and so the outbreak could be treated by keeping the men in their usual sleeping habits. Steps of the 'Devon' ship are all adapted for dealing with large numbers, and some men were transferred to the 'Hulk' at Yon-Cow.

All cases recovered satisfactorily, and by August 1, when war was declared the ship was at last free of malaria, all men having recovered to duty.

Malaria occurred subsequently in September, and was due to the hard work entailed by constant cleaning and cutting off the mast of Brand in extreme heat. These outbreaks were of mild degree and short duration, and readily yielded to treatment of quinine. Another series of malaria occurred when the ship was employed for four months in the Kijilun Straits searching for the 'Devon' which had escaped from the hands of the Falklands. These were due to extremes of temperature and the cold weather experienced. The malaria ceased when the ship left that area and proceeded to Gibraltar, in May, 1915.

#### CONCLUSIONS

In the result of experience gained in these two ships employed in a highly malarial district, I conclude that the measures taken to



# LOCAL ANESTHESIA

By FREDERICK C. HARRISON, M. D., F. R. C. S.  
*Consulting Surgeon, the Royal Victoria Hospital*

As the use of local anæsthetics as a substitute for general anæsthesia has not as widely appreciated as they should be, perhaps a few notes on the employment of this safe and satisfactory method for small and frequently recurring operations as well as for those of a more serious nature, may not be out of place.

To the surgeon who has to be prepared to face every emergency, often single handed, the question of having to administer a general anæsthetic is often a very serious one, and one which, in certain or even prevent the carrying out of much useful surgical work.

One, which as a good practice proves to useful for many operations, is not available in shape, in that most live to be made children as others, with their attendant dangers and difficulties. It is in such cases that someone proves with a valuable substitute. Among the many advantages which may be claimed for it are safety, ease of administration with range of use, portability, and little, economy.

A good syringe and needles are the only instruments necessary. The syringe should be of 10 c.c. capacity, capable of being locked and should be strongly made so considerable pressure is needed when withdrawing dense tissues. I have found that the 10 c.c. Becton syringe among others, satisfactorily fulfils these requirements. The needles should be of different sizes, varying between and rather from hypodermics to those of from 2½ to 3 in. long. The needles usually employed are of steel and these answer their purpose very well provided one takes to hand their liability to rust under the tissues and consequently to snap off of slightly. It is steel needles do not rust, but are more expensive and wear in a short time. In an emergency an ordinary hypodermic syringe and needle can be used, and with a little experience a large number of operations can be carried out with it.

The drug that has proved most satisfactory is cocaine. Cocaine should not be injected on account of its highly dangerous toxic qualities. The solution which is best suited for general work is cocaine of 2 per cent. strength. This solution is not affected

In boxing, and also in trays for local anesthetic solution, the proportion of novocain to saline the freshest solution is found the best for use in surgery in the form of rubbing of local anesthetic. I was enabled to thank G. Haepfer, Superintendent of the Municipal Hospital (Hospice) for his suggestion that soluble salts, such as sodium chloride, novocain should be prepared and carried in this solution. I make up the solution of novocain of 2 per cent in eight one of these bottles is dissolved in 1 liter of hot distilled water, heated by boiling. In this way a sufficient quantity can be used for several operations, waste, personnel, and a waste which is spent. (1) Ambulances where it is frequently used at a large expense at a low, larger operation ready made up. (2) Hospital (Hospice) if the sterilized solution are prepared at a time, and then the used the amount prepared for the operation is then.

Syringes strength 1 in 1000 may be added in the proportion of 10 drops to 100 c.c. and by its vaso-constrictor effect lessens all drug leakage from the wound and greatly prolongs the duration of the anesthetic. The analgesic however, comes on more slowly, often requiring a wait of from ten to fifteen minutes before the operation can be commenced. The effect once established lasts up to six hours and occasionally longer. For most of the operations described here it is not necessary to add the adrenaline, as time is saved by being able to make the first injection immediately after the nerve has been cut, and the analgesia is maintained over an hour without it.

The amount of novocain 2 per cent solution which may be used with safety and without fear of some results is 100 c.c. It is severely necessary to state that the syringe should be boiled each time before use, and the needles placed in spirit for some minutes before use. Special notice on the syringe or needles should be read off with distilled water before the operations are made.

There are two distinct methods of employing this solution for producing local anesthesia. Firstly by reflection, and secondly, by injecting into or around the nerve or nerves supplying the part operated upon.

The first method of local reflection into the area of the operation is of great simplicity and is the one chiefly dealt with here. The second method is known as infiltration or segmental anesthesia, and is of special value in supplementary anesthesia, as the nerves can be blocked at a distance from the tubed area, thus avoiding the risk of spreading infection by direct injection.



I would have suggested instead of sufficient, *excess* (and in addition, *excess*) to overcome the local resistance and overstimulation, are often mentioned.

A E. a. gauge in the finger may be of assistance before describing the details in a paper, for plotting up another or actual operation.

When infiltrating into a very nervous subject or through specially sensitive areas a small wheel can be passed by tapping a small amount of the solution into the skin through a hypodermic needle. One can then thrust the sterile needle through the wheel under the skin and carry out the infiltration without causing more pain than the prick of the first small needle. This however is seldom necessary. One generally picks up a ball of the skin with the left hand and pushes the needle through with a delicate, even pressure, which is less painful than a sudden jerk at the same time pressing down the plunger of the syringe. The subsequent operations are made through the infiltrated tissue, and as the resistance of the needle goes down, not come further pain. By disconnecting the needle from the syringe one is able to judge the pressure of the point with greater accuracy. This will prove of assistance when infiltrating a special part, the syringe then being attached to make the injection.

With regard to the patient, no special preparations are required. He can have his meals both before and after as usual, and he will not want the attention and watching that are necessary after a general anesthesia. During the operation he can be placed in the position most convenient for the surgeon. It is of the utmost importance that his confidence should be gained, especially if he is nervous. It is so well to explain to him exactly what is going to be done, and let him understand that although it will not cause him pain, he will probably feel that something is being done and must be prepared for some discomfort. It is a great mistake to keep asking him if he feels it, so in the first place he is bound to feel a certain amount of pressure and manipulation as the site of operation, and on the second phase it is of the greatest importance not to suggest to him that he is feeling or about to feel pain. Attempt to fix his attention on anything rather than the operation. He will let it be known soon enough if he is being hurt. A small dose of morphine, varying from  $\frac{1}{4}$  to  $\frac{1}{2}$  gr., according to the type of patient, gives a quarter of an hour's behavioral well-being, his appearance and keep him comfortable during the operation.

As to the operator himself, he must remember that the patient is our success or failure, and that his results are consequent, and that

read on the ground is obtained in this in approximately equal to that given by the other two, and some advantage is gained.

It would be quite appropriate for a practitioner to become somewhat of the application of local and regional anesthesia, all used in every operation so that a few typical examples should be given to illustrate the idea.

In an illustration of the simple infiltration, the removal of various teeth will serve as an excellent example. On some having been marked out, indicated with a blue pencil, the leg is prepared in the usual way, either by the surface spray or the application of some other anesthetic. The skin at one end of the proposed incision is pushed up by the left hand, and a fine needle thrust through into the loose subcutaneous tissue. Subsequent solution is injected in place up the skin distally along the track of the needle, which is gently pushed along the line of the incision. In a long incision the needle is withdrawn and reinserted at the head of the first operation until the whole length incision previously marked out is infiltrated. The great secret is to inject enough. No incision is done by using a large quantity. An incision 10 cm. in length of incision will do no damage and will ensure perfect freedom from pain. The incision can be made immediately after the operation, though waiting a few minutes ensures a better field of operation as the solution spreads from the sites of injection. The fact that the various roots are often so long, and scattered along the leg, is no serious indication for using local anesthesia in the separate areas can each be infiltrated.

Areas infiltrated in this manner remain analgesic for from thirty minutes to an hour and occasionally longer, and allow ample time for carrying out the operation.

By infiltrating locally round the site of operation, a large number of conditions can be dealt with. To mention a few such cases, small tumors, pyogenic abscesses, and venous spots can be successfully removed, skin grafts taken, and scars excised. The method is not limited to rendering the skin alone insensate, but deeper structures can be made analgesic by deep injections. In this way large cysts, bursae, episterns, etc., can be removed not only from the skin but also when they are embedded deeply in the muscles.

One may find some difficulty in rendering the deep surface of a cut or of a perpendicular burn completely painless by episterns from the surface, although this can be done by puncture. There is no objection to giving a further injection during the operation.

in such cases and this can be rendered necessary should the operator first attempt to control the area of operation. During the solution the left hand is of no help in performing diagnosis.

At the present time, when one has to deal with a large number of major wounds, local anesthesia is of special value in ligaturing vessels to arrest both primary and secondary hemorrhage.

Turning to the solution method this is of great importance for operations upon the finger and toes, and possesses the additional advantage that it can be used in satisfactory results same such as solution, provided the proximal ends of the digits are free from infection.

To render a finger anesthetic the needle is inserted through the skin on the dorsal part below the lunule on the middle line. The solution is injected round the root of the finger, giving special attention to each side where the digital nerves run down. This operation can be done through the same puncture. The needle is now withdrawn and inserted through the web where it is already permeable and the needle aspirated toward the proximal aspect of the finger. Sufficient solution should be injected to render the skin tense; about 15 cc. will be the amount required.

In time, as in all forms of *peridural anesthesia*, the effect does not come on immediately but in from five to ten minutes the finger will become insensate, the anesthetic spreading from the site of injection to the finger-tip.

The complete anesthesia of the finger as produced is most striking. Any operation upon the finger such as amputation, sweeping the phalanx or nail removal, removing the nail, trimming up torn wounds can be performed without the patient knowing that the finger is being touched. Anesthesia through the metacarpophalangeal joint can be performed by injecting round the base of the finger and sweeping the solution higher up over the dorsum of the hand. Ties can be dealt with in a similar manner and suppurative wounds removed, the point of incision being used as the line separated with complete absence of pain.

One or two operations which are frequently carried out under local anesthesia require further discussion. —

Cystitis may present some difficulty at first, but a little practice enables one to overcome it. As the operation is usually undertaken on cases in which the function is impaired, local anesthesia can be as satisfactory as that which must be made to regional anesthesia. The solution is injected under the skin completely,

round the perimeter of the ribs. The reader should remember, however, that to obtain the same effect upon the mucous membrane, infiltration, the needle must be inserted into the corpora cavernosa on each side, and at least 1 cc. injected into them. A word of advice, the anesthetic is absorbed, before commencing the operation.

Should the operator be unable to obtain analgesia of the mucous membrane in this way direct infiltration into the mucous area can be resorted to, but by practice this can be avoided.

The removal of a rib for chrysothorax is essentially a case for employing local anesthesia, as the patient is often in a most unfavorable condition for a general anesthetic. The operation can be performed by regional anesthesia, where but the combination of local infiltration and regional anesthesia is the secret to carry out. The rib to be removed is dissected open and a subcutaneous infiltration made along it in the portion of the intercostal space. The detached needle is inserted at the dorsal extremity of the infiltrated area and the lower edge of the rib felt. The needle is now pushed up just under the rib and is now repeated into the subcostal groove to block the intercostal nerve. The deep tissues over the rib are now infiltrated, and injections made into the pericostum on its outer surface. The infiltration must be sufficiently extensive with the intercostal spaces both below and above the rib. As much as 40 cc. of the solution may be necessary and can be injected with safety. The operator must remember to take the utmost care when dividing the rib to avoid wounding and pulling on, or, possibly, passing it by a ganglion through the thoracic wall. During the last twelve months this method has been employed in over thirty of such cases operated upon at the Royal Naval Hospital, Haslemere.

The prongs of instruments for dividing wires from the scrota may be made less painful by injecting 10 c.c. of the solution into the scrotum. The sprays, without the needle attached, is placed in the scrotum and the glove held firmly round the scrotum while the solution is forced in. The final step is kept in the scrotum by holding the scrotum as lying tape round the glove for ten minutes. Complete analgesia cannot be obtained, but considerable relief is afforded the patient.

Trenchotomy can be performed by infiltration of the skin along the line of incision, with a deep injection on each side of the incision to render the analgesia complete.

These examples are given to illustrate a few of the cases in which local anesthesia may with advantage be used.

While a knowledge of anatomy and physiology is an asset with these two methods, more definite rules, blocking, precautions such as reporting the state and motion nerves in operation, on the pain and reporting the broken places for arm operations may be successfully attempted.

I have had more emphasis on the local infiltration method on account of its safety and simplicity and in the hope that it will be employed in the place of a general anesthetic. I would therefore urge the wider adoption of these methods, and I trust that these notes may prove of assistance in those who up to the present have not had much experience in them.

See <http://www.fishbase.org> for more information on a well-studied fish

For general conditions governing the health of the population, including the army, are so complex and their sphere of action so extensive that it is difficult to estimate accurately either the present condition of the country or the progress of future epidemics. A general survey, however, can be made and the general tendencies estimated approximately.

Means of communication are laid out in every corner from end to end of the country, from north to south, with almost total efficiency. There are a few pieces of narrow-gauge line also. First-class roads are few and have been badly cut up during the War, the majority of villages being reached by mule tracks.

The standard of housing of the population is a fair and no worse than that in the country, districts of inland the houses having one floor and roof-protected walls. The standard of cleanliness varies greatly, some houses are spacious particularly those in which members of Hungarian descent live, but the majority are not clean.

The stone bridge is an interesting monument to the past, and springs during the wet seasons. The houses are very well constructed, but the houses are typical examples of the "stone built" houses, they are shallow, heavily pitched in to near the top, and covered by a wooden protection round the mouth. They are often built on mounds, the mounds are surrounded by a rim of mud, so with an effort made to protect them from neighbouring houses, and mounds, pollution by animal and human excreta must be very common.

The general intelligence of the peasants is good, but their ignorance of the simplest measures, which all people should use to prevent disease, is terrible, yet all are very willing, even anxious, to be vaccinated against disease and submit to it. As regards personal cleanliness, the peasants keep their bodies and their surroundings clean, a great contrast to the clean filthy cities of these eastern peasants.

Sanitary arrangements are bad, even amongst the better educated and richer classes. The usual type of toilet is a large hole in the ground covered by rough poles laid horizontally, a space being left between the two sections over the whole is covered by poles put cross-wise and the material is roughly brushed, another variety is made, except that a board is used instead. No attempt is made to disinfect or even sweep up the excreta so that every opportunity is given for the spread of disease among the poor, and the whole nation. Bulgaria has a good water closet system in use.

The supply of hospitals and doctors is very inadequate, especially amongst the rural population. The majority of cases of typhus fever (typhoid) during the epidemic in the spring of 1913, I believe, never seen by a doctor, the village of Orizova on the Danube with 1,500 to 2,000 inhabitants had used quite recently, when doctors from the French military Commission arrived no doctor and not even a temporary hospital. There were 140 deaths from typhus fever in two months, and this village is by no means unique.

Of infectious diseases the majority have been cases of typhus and scarlet or relapsing fever, also a serious number of cases of diphtheria, scarlet, erysipelas and measles fever. There were besides many cases of acute sore throat, with pneumonia. Whether the latter are definitely diphtheritic is open to me as difficult to say, in a small epidemic amongst the American land troops at Spanghah the Kikha-Lachter bacillus was shown.

However, even in the most advanced stages of such fatal fever as typhus, even those who, with a single severe attack of typhus fever, the disease has produced no obvious lesions except the large number of cases in which acute suppurative pneumonia has developed as a complication. Undoubtedly a great number of the supposed cases of recurrent fever were typhus fever, brucella pneumonia, influenza and other acute febrile diseases. This confusion was due to the lack of details.

Intense fever, rapid pulse, and the common acute fevers are present, though in comparatively small numbers, especially in early summer. An authentic report has come from the American Consul at Seimon of the occurrence of plague there. The cases were epidemic, with 100 per cent case mortality.

With regard to cholera, I am unable to obtain any accurate information. Just during and after the second Russo-Japanese War it was very prevalent in Northern Korea and there appears to be every opportunity for another epidemic.

The epidemic of typhus fever has been the worst on record, the total mortality from a well probably never before known, owing to the large and indefinite number of deaths which have occurred without the cases ever having been seen by a doctor. The disease has not been observed with that described in the text-books. The incubation period was fairly definitely fixed at twelve days in one case; there were usually no prodromal symptoms. In a few cases, however, a general malaise occurs, with a loosening of the bowels and a feeling of prostration which makes the patient glad to take to his bed; this does not last more than twenty-four hours. The patient feels perfectly well until the onset, which is sudden and accompanied by a rigor, pain in the back and legs, and a severe headache. The last-named is a constant feature, and one of the most striking points. The temperature runs up rapidly to 102° F. or even, and the pulse rate corresponds. Prostration is marked from the beginning. There is usually a slight cough early in the disease, but except for a few few respirations, nothing abnormal can be found in the lungs. The fever is continuous, 102° to 103° F. with morning remissions of 2° to 1°. With subsequently the temperature drops to below 100° F. on the second day, and the patient feels well. This tends to lead one away in the diagnosis. Two early signs are beads of perspiration on the forehead, extending from rather distant towards the nose, and slight contraction of the pupil. The rash appears on the fifth to sixth day, and consists of small papules, numerous



in color, not disappearing on pressure, as I sometimes suppose to be the case. The detachment of the web is usually complete; however, it does not appear at all.

Tetanus is marked during the second week, and generalizing apoplexy and greatly depressed temperature, *tertiana*, sometimes. The pulse rate increases to 120, 130 or more, the pupils become fixed, flattening, and irregular in character. The patient cannot day or night every one looks despondently at, and symptoms are worrisome. Elimination of waste products becomes grossly inadequate from the onset.

About the twelfth day—sometimes later, and much delayed beyond the fourteenth—on some which is from recovery, a great improvement is noticed: the temperature, large organs and even pulse become normal. From this point progress is rapid. The temperature declines, taking three or four days to reach the normal, and the pulse falls to 68 to 80. The patient rapidly improves both mentally and physically. He never has had a pronounced attack. Death occurs during some during the second week, and recovery is impossible if no improvement is shown by the fourteenth day. The patient does sometimes succumb to the accumulation of uric acid. Convulsions are rapid, epileptic are rare and unimportant.

Occasionally, although the temperature fails to normal, the tide ebbs; improvement is noticed and the patient recovers in a more constant and certain condition for some days.

Local gangrene is a common complication, most frequently affecting the toes, but it is also found on the web between of the nose the earlobe, and the fingers. A suppurative process, occurring spontaneously, on both sides is quite constant, but does not seriously affect the gangrene as it rapidly clears up on the removal. Ulcers seldom are subsequently bilateral in most with and a slight degree of desquamation very common indeed. These lesions of virus is another sequel. There can be cases of bronchopneumonia or gangrene of the lung.

A severe myelitis is constant, and has been the cause of many deaths during convalescence. Post-typhoid psychosis occurs, but is not serious; all patients, however, show an inability to concentrate their minds on any work and a certain amount of loss of memory for several months. That the disease does affect the central nervous system is shown by the almost universal occurrence of recurrences of uric acid fever, during the second week.

Diagnosis during the first few days rests mainly between typhus

and usually brown, redness, tongue, small-pox, and measles, and perhaps relapsing fever. The acute headache of typhus fever and absence of any exanthema distinguish it from influenza, whereas the onset is more sudden and severe in typhus fever. Absence of nasal bleeding and of profuse nasal discharges distinguish it from small-pox. From measles, the history of previous attacks of measles or infectious diseases, together with an examination of the blood, will differentiate it. Dengue, with its peculiar character, acute pain in the limbs, marked leukopenia which occurs in the first few days, and erythematous rash, will be easily distinguished. Relapsing fever is readily diagnosed by demonstrating the *Spirillum alternans* in the blood.

Amongst the British Naval Mission, the greatest difficulty has been found in differentiating typhus fever in its early stages from small-pox, fever. The onset of the latter is identical with that of typhus fever, except that it is slightly less severe and the leukopenia is much less marked. For the first fortnight there is the same very similar symptoms.

Age is the important factor in the prognosis. The case mortality progressively increases with each decade. Those over 40 have but little chance. Complicated uræmic disease of the heart does not influence the prognosis unfavourably, persistent uræmia, albumin and reflex hypotension are unfavourable.

With regard to treatment patients should be put to bed immediately, no pillows should be used. Those who fight against the disease, and go about their work during the first few days, appear to do badly. Absolute nursing is of first importance. In view of the extreme weakness the patient should be kept perfectly flat, and spared the slightest exertion. Fresh air and persistent hypotension are of the utmost value in preventing delirium; the bowels should be opened by a brisk purge at the onset, and afterwards kept open by saline and-cathartics. A close watch should be kept on the daily amount of fluid ingested and eliminated, and every endeavour made to keep the urine alkaline in colour and of a light straw colour. If the patient is too ill to take sufficient fluid, saline should be given per rectum and subcutaneously. If still unconscious intravenously; simple fluid should be given through light with plenty of milk and eggs. The heart must be carefully watched, and during the second week stimulated as occasion demands. Great care must be taken during convalescence not to get the patient up too soon as the heart takes a considerable time to recover, nothing calculated to put any strain on the

is an extremely virulently produced, and its effect on the patient, noted (but unexplained) accordingly, in any case the patients should not even be administered stimulants until a week after the temperature has fallen to normal; respect of these precautions has undoubtedly been the result of many avoidable deaths.

The cause of the epidemic and its pathogenesis may now be discussed. The Surgeon stated that the epidemic resulted from the Austro-Hungarian and occupation on the last month of 1911 but the disease was present in the country before this, and probably the group contributing most was the flight of refugees from the crowded areas and consequent overcrowding of other districts. Thus Nakh. recorded a loss of 10,000 inhabitants, was compelled to house 100,000.

Another factor was that, when the Austrians were driven out of the country, a great number of prisoners were temporarily housed under bad conditions. The hospitals were already so crowded that the beds touched each other. These patients were put into two beds and many had no beds at all. These conditions gave every opportunity for the spread of infection.

On February 14, 1912 there were 88 cases, on March 12 there were 204 cases, on April 24 445, and on May 21 554. Thus the epidemic very rapidly diminished and new cases tended to be stopped and to keep themselves in districts remote and sterile.

The disease does not appear to be so extremely contagious as that described by the text-books. There has been nothing to disprove the basic theory of the propagation of infection, as a known case hospital—*as, for example, St. Andrew's Red Cross Hospital, Edinburgh*—has failed infection after very numerous though it was impossible in the height of the epidemic, namely to segregate the typical fever cases, but in a house infected separately, the rapid spread of the disease is extraordinary.

The number of cases amongst doctors and nurses who may be presumed to take average precautions under such case is small, that there may be other channels, channels of infection. On the other hand, the great difficulty or rather impossibility of avoiding public, up and on more free when attending typhus patients the movement may in which cases with the disease were often moving in the country, and where go through the whole epidemic only to catch it at the end, and the fact that non-infected persons lived and slept in the same rooms as other cases ill with typhus fever, during the whole course of their illness, without contracting

the disease, all these lead me to think that *typhus* 'who can be checked by suitable precautions, is preventable'.

All *proprietarii*, *practitioners* are directed against the *hospice*, in every case patients whether suspected of *typhus* or not, as they come into hospital, should have their clothing taken away and thoroughly disinfected by steam or destroyed by burning, at the same time they should be given an antiseptic bath, special attention being paid to the neck and other hairy parts. Doctors and nurses while attending on the patients, should wear linen proof clothing, i.e., a cotton outer garment consisting of trousers with socks for the feet with a closed coat the whole made in one piece and opening down the front. It should be closed fast at the wrists and neck, and the head should be covered with a cotton cap. Nurses can wear their ordinary rubber dresses, over these flannel undersuits, closed at the wrist and ankles should be worn by everyone.

Every carriage and public conveyance should be repeatedly disinfected. *Amulsi* *et* *liquores* except very concentrated ones of little use against him, and sulphur dioxide is preferred. In general application, one of the many possible preparations is effective and useful, the Germans, in papers published since the beginning of the War, recommend the use of *perchloric sulphuric acid* and sulphuric acid solutions.



## SIX MONTHS

These have, I guess, frightened somewhat the diving pelicans, which nowadays keep away from the neighborhood. A bird landing or landing an extraordinary squawk and go to the water—message and then a squawking—betokens the work. The pilot is held up by his tail-feathers, and goes on toward and backward, often making a wide, sidewise dash. Then on visiting some wild part of the swamp, as I know of two, he will be at you with only this feeble, noise of the tail-feathers, and the work will go on to his water-landing, then, again, the work, then the swim to the water upon its return. If the pilot is pursued after such a work it will be found that the most serious is over it and he will be well enough, unless only from a failure of the work for a few days. If the work is a large one, with better results than by expected, and probably no loss of momentum, there is, perhaps, without displacement. There is a difference in sound in which, though the actual work is not a full on, constant finish was due to destruction of the work. In a few cases a great deal of the work is lost, but the work is not a constant, and in any case of slight difference, I guess it will be a short period as there is probably one slight effort—movement. I am not altogether a believer in the water-landing, though that is in recovery, for the winged pilot, to tell the truth, is in some cases a ready to prevent his winging, over his work, and having into a serious state.

## THE INJURY

There are not possible, and it is not possible to see in a bird's work, with its attention, coming of bodies and splinters, although the pilot's face is not his true escape. The only eye exposure I have met here, both in the water-land, when during flying, some out of body by his own feathered and his stand, the pilot in the eye. The face of the pilot is sometimes in the water, and the full work of the pilot is in the air. In one case the pilot had his goggles smashed by the air, and remained an extremely painful life, on the eye. It was with great difficulty that he landed, the upper eye being closed and giving intense pain and the right of the other eye being closed with spontaneous weeping. I was here at once and after a quick examination applied ointment to the eye to ease the pain. The pain was put in and a needed examination was made. I found internal trouble and possibly a detached lens, but the eye was normal. The eye continued to be









he rather too inclined to his right wing as I saw, and the two inner black spots (obscured) became large round black spots, a most excellent manner of welling up, and I think I was again in saying that there have been fewer specimens due to difficulty shown upwards for flying, amongst the younger than amongst the older people.

#### EXERCISES

A pilot must have full normal vision, and I am strongly of opinion that candidates for the Air Service whose vision needs correcting by glasses should be rejected, as, in fact, should never be considered for entry. My reason for full normal strength I give in a previous article.<sup>1</sup> A short time ago I took across an interesting case. A pupil came to me and asked that he should definitely be judged for landing, and he wondered whether he was right and anything to do with it. I examined him, by the ordinary distance reading test. With both eyes he had full vision, and each eye tested separately showed full vision, but on further examination I found he had a constant squint. On exposure, he told me that, while flying, if he wished to look at his altimeter, he had to close one eye. He both gave him a blurred picture and he had the same difficulty on landing unless he closed one eye. This explained his trouble. A pilot on landing must be able to gauge his height above the ground and to know when to turn up the machine from its gliding angle to the flattening out for landing. If he leaves it until too late he crashes into the ground, and if he turns up too soon he lands on its tail and inevitably drops with a crash on the proper landing material. (Pupils are either definite squint, or else . . .)

#### THE MOVEMENT OF THE JOINTS IN THE LOWER LIMB

It is most important that the knee and ankle joints should be perfectly free and normal, as a free movement of these joints plays a very important part in the rubber control. The rubber control of an airplane is of supreme importance, and especially so in the very speedy machines now made. An interesting case, having to do, came under my notice. An officer under instruction stated that he was not making any progress in his flying, and thought this was possibly due to the fact that, owing to a defect, he had not got free movements of his ankle joints. Examination showed that, owing to

<sup>1</sup> "The Flying Service from a Medical Point of View." *Journal of the Royal Naval Medical Service*, vol. 1, no. 1.

According to my early sketch, it suggested the best method of doing (possibly) could only be, to put some or greater number of vertical pistons (or struts) by the side of the fuselage (and) the forward part of the sides and ribbons being at a right angle, can be considerably raised, drawn and down and up. This object owing to his defect could not secure the best in this position, but was obliged to put the struts behind the saddle his feet against the front of the feet of the fuselage position, obtaining not only an extension of the saddle-point but also some extension of the fuselage consequently in his earlier movements he lost the time lost movements due to such action and also a great deal of the free movements of the lower limbs. I tried him in an aeroplane and found that the saddle control was a good one, and this chiefly by a nearly full extension of the lower and a pushing down of the thighs due to a tilting of the pelvis. This was a great drawback. He had no time to do his earlier but had a free movement on his saddle control which are of extreme importance. His position in the aeroplane was uncomfortable, and on a long flight, he would have been tired and would have suffered from cramps in the calf muscles. He was safe on a slow machine, but on a fast machine with quick rising controls he would have met with disaster. The only other accomplishment I can think of in which such defect would cause embarrassment was running and cycling.

#### Notes.

All aeroplanes are fitted with levers with a quick return apparatus and all in plain view of the pilot or the necessary of these levers and are them. One great use of the levers is that, should the aeroplane get a sharp nose dive the only thing that keeps the pilot from falling out is his feet, another point is that even if he is not the man can he will make better, also forward as his spinals and stiff levers depress the aeroplane also his feet will slip off the saddle bar, and the aeroplane will become almost out of control. Several accidents have been due to this cause. As one I witnessed it was the same large machine when we got in the woods we found that the pilot was tilted in but the feet had been attached to the seat. Unfortunately the weight of the pilot with the aeroplane in a vertical dive was transmitted through the feet to the seat, and the seat framework turned away. It was apparent upon me very strongly that the bottom be attached to the aeroplane itself and not the seat.

## BIOGRAPHICAL.

MR. CHARLES HAYES M.D. F.R.S.

OF LONDON.

ON

THE NERVOUS AND MUSCULAR

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MEMOIRS OF THE LIFE OF

BY JOHN A. M. A.

AND BY THE EDITOR OF THE MEMOIRS OF THE LIFE OF



From the summer of 1950 to 1952, the American Embassy in Hanoi had a number of assignments which it was possible to place in the following categories: (1) the American Embassy was assigned to the Ministry of Culture, Education and Youth, and while these assignments were slightly wounded by the war, they were not completely broken; (2) the American Embassy was assigned to the Ministry of Health, and this assignment was completely broken; (3) the American Embassy was assigned to the Ministry of Education, and this assignment was completely broken; (4) the American Embassy was assigned to the Ministry of Agriculture, and this assignment was completely broken; (5) the American Embassy was assigned to the Ministry of Industry, and this assignment was completely broken; (6) the American Embassy was assigned to the Ministry of Commerce, and this assignment was completely broken; (7) the American Embassy was assigned to the Ministry of Finance, and this assignment was completely broken; (8) the American Embassy was assigned to the Ministry of Justice, and this assignment was completely broken; (9) the American Embassy was assigned to the Ministry of Defense, and this assignment was completely broken; (10) the American Embassy was assigned to the Ministry of Foreign Affairs, and this assignment was completely broken.

[illegible]

of vaccination, almost unknown, were adopted with most solitary exception, London, and during his permanent home, and on July 31, 1776, he married Elizabeth, only daughter of Abraham Gardner a London merchant. In 1776, he occupied the post of St. Thomas's after nearly seven years' work in the postoffice and literary office of his grandfather. Some fruits of his hospital labours were embodied in a paper, "On the Comparing of Venereal Morbidity and Treatment of Different Diseases as London obtained by Abstracts of Cases which occurred to the Author at St. Thomas's Hospital (1764-66), and in his Private Practice (1766-68). Immediately, he discussed a comparison between the duration of a given and those of the risk, and a comparison between the effect that 1200 and 2000 days among his hospital patients, whereas it constituted one-tenth only part of his private practice. This raised as the strongest point in the matter abstracts of the paper<sup>1</sup> but in the latest edition two or three more were introduced from the category of "Observations and one from that of 'paraphrase to the digest, making no more than 120 hospital patients'. It is perhaps worth while to notice the change in his statistics, as a result of his latest researches, might regard a question from his original paper on statistics. It seems that Black's statements of the duration of cases from hospital practice has been constructed on an exceptional, and possibly under-estimation, criticism led him to revise his statistics. This paper also contains an historical account of old St. Thomas's Hospital with special reference to the fluctuations of disease and mortality in London during six centuries. Through a most judicious working he does not appear to have been an equally successful clinical teacher.<sup>2</sup> While a hospital physician he gave the Christmas Lecture before the Royal Society.<sup>3</sup> On Christmas Eve next, on November 13 and 20, 1780, brought out the "Observations on the Duration of Venereal Diseases", and this being well received, he published an abstract by his appearance, especially as Physician Extraordinary to the House of Lords (1779) Physician to the Household of the Prince of Wales (1780) and Physician to the Duke of Gloucester. His last literary work, "Observations on the Duration of Venereal Diseases" which was probably extended not by the medical profession exclusively, but also by the general reader, upon whom chiefly the prevention of venereal disease depends, passed into second and third editions in 1780 and 1782. It consists of three parts, a detailed account of the health and diseases of the Fleet during the years 1750-55 that he accompanied it, the causes and prevention of diseases on board, on which subjects the influence of venereal infection had some striking effects and lesions are described, and the description and treatment of the effluents such as leucorrhoea, and every such frequently seen it not. It is clearly and pleasantly written and supported by statistical tables sufficiently and in great value to other authorities, and fully justified the work which the Government placed in his hands. In 1788 he wrote an account of the birth diseases

<sup>1</sup> See *The Times* (London) Vol. 1, p. 99, and "Robert Blackstone on Venereal Diseases as Medical Treatise" (London 1832) p. 1-6.

<sup>2</sup> See *Blackstone's* on the Natural History of Venereal Diseases (London 1780) p. 1-6.

<sup>3</sup> See *The Times* (London) Vol. 1, p. 99, and "Robert Blackstone on Venereal Diseases as Medical Treatise" (London 1832) p. 1-6.







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<sup>2</sup> For a general discussion of the role of the state in the development of the welfare state, see Esping-Andersen (1990).

[illegible]

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prevent the introduction of the disease into this country. The Royal College of Physicians at London in reply to a letter from Sir W. Pitt Rivers in 1894 of the Government had previously stated that cholera was non-infectious and that quarantine was desirable, but there was a popular belief to the contrary which in spite even in the contemporary medical press was shared by some members of our profession. Unfortunately this view was adopted by the Local Board of Health at Winchester, where the quarantine and other precautionary measures on ships were successfully challenged. Almost directly a further change of policy, cholera began to spread from this area throughout the kingdom, and by an irony of fate Lady Blunt was in early March on July 9, 1893.

In addition to her professional writings Blunt published some shorter treatises on lines of interest, particularly on Biology's method of working the brain, and insisted that a parallel be drawn that cerebral prearrangement in the Nervy could not be safely abolished. He also contributed materials to 'Mind', 'Life of Lord Kelvin', In 1902 he turned to human anatomy based expression in a treatise entitled 'Reflections on the Present Crisis of Public Affairs with an Inquiry into the Causes of the Existing Unpleasant and Government dealing with the last matter not only in protecting human life but also of standing against the evils of drunkenness and sin. The medical aspects of this subject namely, 'the progressive population and health of Great Britain' had previously been discussed by him.

In a series he was also 'searched' and anticipated possible problems, that was the outcome of the 1900 he devoted to philosophy, including, and leaving his writings up to date in three successive volumes. For example the collection of previously published articles entitled 'Select Dissertations on Several Subjects of Medical Science' (1892) in two volumes, 1900 system volumes contains references on works and events of much later date than those of the original papers. The Elements of Medical Logic as Philosophical Principles of the Practice of Physics has appeared in 1910 and is in third volume (1911) was much enlarged so as to make the whole assume the form of a comprehensive system of general professional instruction. —an enterprise now which it was hardly to end to have achieved. It featured even names of men and mentioned in the subsequence of the extensive method of reasoning. Physics duly obtained by Medical Logic, it contained a good deal of anatomy, sense and some philosophical philosophy. It was appropriately translated into German. In there too but few words in medical logic, it may be mentioned that A. W. Dreyer's *Medical Lessons* of the Royal College of Physicians of London (1912). On Medical Physics took with the lectures connected with the application of the scientific method to medical science. Blunt wrote an excellent comparison of the hand in a progressive real view of hydrocephalus, but has more important contributions to the subject were on the uses of pure ethics and logic in the diagnosis of the hydrocephalus and also on the effects of large doses of the combination of points in growth. The value of

*Med. Lib. B. & T. 1900, 1901, 1902, 1903, 1904, 1905.*

*Annals of the Association of Medical Librarians, 1900, vol. 1, p. 100.*

these observations were fully acknowledged by those for whom they were made as serious dangers and according to the instructions for Group B (above) the use of chlorine already administered was continued and definite advice.

It was most anxious to improve the protection (highly inadequate) and position of hotel receptions, in which the cases of non-English patients commencing with the first mild outbreak especially increased. Some proposals for the best methods kept by those who advised had come from 1922 given mainly to the surgeons who advised the highest suggestions. With the exception of protection in the case of 'hot' cases, there had been no change in 1922 by an endorsement of 1922, the last was in 1923, the only instance in which he participated. The chief objection, he, avoided to make taking an example in hotel reception, that a medical 'Trainer' to examine the Hotel in taking upon the responsibility of a medical committee. The question whether or not hotel receptions (hotel) engage in private practice was discussed by him in 1921.<sup>1</sup> In 1922 with the aid of 'Ministry' advised that all medical officers of hotel hospitals (hotel) of no war or peace should decline from hotel practice. This was done in 1922, in 1923 the Government of Hotel Hospitals had been decided to allow private practice in cases of peace, so that there was stated by 'Trainer' would appear to have been in very rapidly. Thus, however, agreed that so long as their official duties did not allow hotel surgeons could advantageously occupy their spare time by accepting their professional experience and stated that during his recent years service in the Medical Board of the Navy, two instances only of whom had come before him. As an argument against the 'white star' system he stated that, if arrangements for a current admission to the great 'Marine' hospital were to try to accommodate himself for hospital, then he would devote his whole time and attention to the duties of the hospital, he would systematically be reported for the purposes, in case of good so as would be well aware that he had not full employment to occupy his whole day, within its walls. This is interesting in connection with the recent report of the Royal Commission on University Education in London, which contains evidence advancing and condemning the principle of whole-time students of dental colleges. It may be noted that by an order of November 28 1922 private practice in a hospital was no longer permitted. That there was approved by the naval surgeons as shown by their presentation of plans to him in 1922. Undoubtedly, however, was hardly led to make any comment and render, before the issue of 'Trainer's' Medical Journal, in which that there is no approved evidence of hotel medicine was the first in a kind, since of his letter.

Many hospitals were destroyed in 1922, the majority of the Royal Sanitary of London, Edinburgh and Belfast, in a Correspondence

<sup>1</sup> 'Sanitary and Treatment of Unsanitary Practices' (London: Ministry of Health, 1921).

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<sup>2</sup> 'Hospitalization of Patients' (London: Ministry of Health, 1921) vol. 1, p. 10.

<sup>3</sup> 'Medical Sanitation' (1921) vol. 1, p. 10.

<sup>4</sup> 'The Sanitation of the Hospital' (London: Ministry of Health, 1921) vol. 1, p. 10.

<sup>5</sup> 'Medical Sanitation' (1921) vol. 1, p. 10.

Member of the Imperial Academy of St. Petersburg and of the Council of France (1824) and an Honorary Member of the Royal College of Surgeons of England (1822), in connection with the Brompton Tour. In addition to the many appointments mentioned elsewhere he was Physician to George IV and William IV. It is rather surprising that such a distinguished physician should not have held office at the Royal College of Physicians of London, of which he received a licence in a great part of his life. He was indeed, nominated for the Fellowship by the Council (see Letter Page 1) in 1798 but did not accept probably because of competition with, or from the intellectual powers, evidently inferior to his, for he was President of the Medical and Chirurgical Society in 1791 and 1804 in succession to Sir Henry Hallard, and was a Member of the select Society for the Improvement of Medical and Chirurgical Knowledge, which was founded by John Hunter and consisted of persons who were, including Matthew Dooley, David Pringle, and J. Lindley, nearly equal to him; more after Blane's death a general tribute was paid to him in a paper by Alexander Davidson subsequently Doctor General of the Medical Department of the University, who speaks of his remarkable services to the Army and that he kept "forth" in regard the duties of Royal Medical Officer.<sup>1</sup> His general share in medicine and surgery was less, but of domestic medicine especially where he pursued it was he gratified by a success in the numerous medical cases of the time. He appears to have retained the respect and esteem of a lifetime throughout his life and though much as published society has increased, were not those of the family physician of the period. In one of the famous "intercepted letters,"<sup>2</sup> written Address to a Young London Physician, and intended to parody Sir Henry Hallard, "the old school surgeon," Blane, is contrasted with a "certain celebrated doctor, with the reputation of an innovator." His ordinary motto is therefore probably correct in concluding that "the student is situated may, early be introduced either to the schools and industry then to the possession of several gross or solid advantages."<sup>3</sup> The latter began to feel in 1791, when he was attacked, by violent pneumonia, which caused much distress that increasing doses of opium became necessary and created the opportunity of a portion of the solid drug in the twenty-four hours. Multiple in duration this exceptional attack was severe enough, and so, his last illness, as when he suffered from melancholia and alleviated by the daily dose was sometimes 1,000 ounces of Sassafras solution. His remarks towards the end of his life that "there was not a dismemberment in practice medicine more important and

<sup>1</sup> See Letter Page 30, p. 101 (History) Council of the Army Medical Department, at the time of the de-estimation of the College and when appointed to general light troops, etc., the latter can determine as to all said and to be done, with the faculty that he and especially engaged his whole.

<sup>2</sup> The evidence on this subject is given in the Appendix, 1800, p. 1.

<sup>3</sup> The following letter, which was written by the late Sir Gilbert Blane to the Council of the Royal College of Surgeons, London, 1804, is a copy of the original letter, which was written to the Council of the Royal College of Surgeons, London, 1804, p. 101.

<sup>4</sup> See the London 1804, vol. 1, p. 101.

See the London 1804, vol. 1, p. 101.

1944, in the same year as the first photograph of the bird. The photograph was taken by the same person, and the bird was in the same place. The photograph was taken by the same person, and the bird was in the same place. The photograph was taken by the same person, and the bird was in the same place.

<sup>1</sup> The authors are grateful to the referees for their constructive comments.





other portions when tracing the subperitoneal *longitudinal*. Further, the mesenteries at a great number of points only extend half way down the organ and it is generally shorter than the portion of the appendix that it embraces, hence the feeling that frequently occurs. In one of our shads there was a distinct lack of the termination of the appendix and the distal portion of the appendix was ganglionic due to connection with the blood supply of the fish.

One more point in regards the anatomy (though I shall allude to presently) in the portion of the appendix is that as described by Lane. Working in line it can be represented on the surface of the body by placing the finger on the process at the right lateral and dorsal ends of a swimming fish the two incisions require description.

Before dealing with the actual opening (anatomy) adopted in these shads there are a few points to be considered in reference to the preparations necessary before commencing the operation. These remarks apply especially to shad of this species.

#### MINOR DETAILS OF THE OPERATION. PREPARATION

(a) The legs of the table are rather short and one half the extent of those usually where a operation is performed. This drawback can easily be remedied as shown by the steps to be used the requirements of the operation.

(b) The points on the lower (left) diagonal stand, which within the legs are not very strong. These points should be stiffened by wire supports and secured by the back. The legs of the table should also be firmly secured.

#### INTERNAL DISSECTION

In order to provide for points of light a distance of 12 in. should be kept overhead or such a way that it is as nearly horizontal along a light source. A portable light is also desirable in addition if needed.

#### STRENGTHENING OF THE APPENDIX

In this stage and particularly the work in the appendix to the other stage of the operation—no needles for dissection are to be employed. The shad was the laboratory and to make the a good supply of steel and it is necessary to make use of the shad piece as the shad. A hook in the shad's body is used for stitching pulling portions. The shad is about 12 in. by 14 in. by 18 in. when exposed to regulation of dissection, a few cuts of 10 in. of shad and is used with the movable legs on which the handles of dissection to work in fish.

The piece was brought available with a shad, portions of shad and the shad segment and it used with the shad segment and was then ready for use. The shad's portion (piece) is, was brought to separate handles secured shad's with shad's handle and placed on the apex of the piece. An shad's piece is secured for use and a shad's handle and the shad's piece then secured from the shad. I found that the shad's handle very well and on point of maintaining the appendage's shad's handle by the shad's.

#### SHAD'S LABORATORY PREPARATION

It is most desirable to have the shad's body secured and then secured for the preparation. A shad's shad's. The shad's 1 shad's to the shad's —



up over the shoulders, and a strong pressure, and another, a pinch of salt, succeeded by scratching, scrape and a gentle massage, aided by the elasticity and length of the appendage. When a tumor of appendages shows where it is necessary to touch a sensitive point the go-firm operation is due to the slightest deviation of the tube is interrupted by the strong mechanical supports, it, however will be considered, and the low discharge of gas, as along the tube reflected, with its regard to this tube point, I can well perceive a case in which this occurred, and where it was necessary to make a similar opening in the tube to draw an appendage without injury.

ARTERIO-VEINOTOMY.

No food was given by the mouth for three days, the patient only being allowed to sip very hot water to assist sleep. I found that the increasing prominence of "wind" that these patients often suffer from could be best relieved in this way. Calomel 1 gr., followed by some water 2 dr. was at last every hour for three hours, was given on the morning of the fourth day, when the bowels were well moved, and no and washed with water given. The diet was then gradually increased and on the sixth day the patient was taking a little bread and butter and boiled milk.

In judgement cases it is well to adopt Fowler's position, but not in the case of putting an undue strain on the patient's strength as this reduces to a minimum. I also found that two serious complications, namely, light's infection and joint together by their narrow ends, made an excellent no infection for these cases.

MEMORANDUM TO THE ROYAL NAVAL ATTACHEMENTS AT SEA.

By FRANK HANCOCK, M. D., L. R. C. S. (LOND.) AND F. R. C. S. (ED.)

This is a list of appendages in the Navy, as by no means large. The following are the numbers of cases and injuries among them the officers reported on in the various Royal Naval hospitals and the hospital ship "HMS" during the four years from 1892 to 1913 taken from the official statistical reports for those years:—

	1892	1893	1894	1895
Boiler	—	—	—	1
Propeller	—	—	—	1
Oil tank	—	—	—	1
Portland	—	—	—	1
Steel boiler	—	—	—	1
Steel	—	—	—	1
Caps of Good Hope	—	—	—	1
Water	—	—	—	1
Islander	—	—	—	1
King King	—	—	—	1
R.F.A. "HMS"	—	—	—	1
Waples Wm	—	—	—	1
Yachtman	—	—	—	1
Quartermaster	—	—	—	1
Boatman	—	—	—	1
Total	100	100	100	100





were boiled and used as abdominal plates as before, more or less variable success being available. Harvesting and sowing organs was, generally by lighting, and all organs and heads were heated in a large hot bath, or the open jelly. All incubators were made with loosely woven hard paper. Organs were heated in the stage jelly oven, but the incubators could not be dried open and permanent were taken during the operation to keep the organs well dried up. Rubber gloves were sterilized by boiling. These gloves were purchased shortly after the outbreak of war, and we attribute the success of the operation largely to this step.

All patients and transplanted sites were removed from the web bag, the forward part of which was removed off by slanting.

Surv. Lesions—1.—first case group. This ranged from the open case jelly group a highly satisfactory dissemination.

Surv.—2. temperature of 60° F. was all that could be maintained as only two "Bacter" electric incubators were available.

#### PRELIMINARY FACTS

(a) The sterilizing apparatus was sufficient for an operation of this character. The timing of incubators in stage generally with some supply from the stage room would obviate this difficulty.

(b) The lack of ultraviolet for skin coloring was greatly felt, as the bacterial need would have set through had any distance improved.

(c) The need of small stage and simple, precise was felt.

(d) Twelve cell groups was used on the stomach, used as less of the second success, provided. We are of opinion that probably without would be found very useful as we can check measure.

#### NOTE ON THE FIRST NAVAL WOUNDED TRANSPORTED FROM THE DARTMOUTH IN THE R.A. HOSPITAL SHIP "FLEET"

BY FIRST LIEUTENANT MONTAGU J. B. BORDEN

*Senior Medical Officer*

REPORT I. I. HENRY M.D. 1905, M.B. B.S. (LOND.)

Three observations were made while the patients were on route from Malta to Plymouth and then Fleet. They were embarked from Royal Naval Hospital, Malta on March 21 and disembarked on 1 March at April 4. The notes are interesting in showing the usual conditions which require treatment, a few which show wounds are usually removed. They had previously been under treatment for periods ranging from two to ten weeks, and many of them had already undergone operation either on land, their own ships, or the hospital ships or at the Mediterranean base hospitals.

Comments.—During early, some treatment was as follows—

Small wounds	—	23
Small wounds	—	12
Amputations on amputating ship	—	3
Wounds from gas fire	—	1
		39

John's effect of mass is follows:—

Half grain only	15	mass
Mass (uncompensated fragment,	25	
" (in right fragment)	1	
Double fragment in	20	
Double fragment in	1	
Is shell damaged in	1	
Vincent, Hong (1) falling (2)	1	
1. solution in 4 fragments:—		
Shards had landed in	1	shards
Shards shown and granulating in	27	
Suppression in	12	—
Collection in addition to suppression in	4	

The suppression and alignment of the fragments in cases of fractured bones were in a wide difference from to the more rapid recovery of fracture, supposing results in the supposing left parts. Some important in results of such cases may be obtained by using in the earlier stages the effects for compensation and supposing fracture compensated by the Robert Jones.

Robert Jones in the case of fractures were the other joint might perhaps be obtained if the position of some bones, also advocated by the Robert Jones, were adopted, but it is of course impossible to draw any general conclusions from the last case under report.

In regards the condition of bones in increasing and increasing cases is the following: A ship's cabin, April 27 of the "Cyprian," was struck over the cabin by a shell fragment with explosive effect. The bones were fractured just above the right joint, and the right leg was in the neighborhood were made fractured. Two hours after the case bones in condition was administered and the parts were cleaned and washed in the pure solution used by the staff surgeons of the ship. The case did not go into course and at the time of admission to the "Priny" hospital, was almost complete.

#### On fractures of bones

The ship was struck immediately under the right and some very rapid operations were undertaken. The operations were performed, the solution was made thus being shown between collection of defective damage. When the case of suppression or absorption a large body and where the portion of the bone was accessible the damage had been removed.

Under the fracture in increasing case was administered in 1891, April 24, reported on March 15, a punctured shell wound on lower part of the side of the left thumb. The case admitted to the hospital ship.

Under on the same day. While there lived and operations were found in the wound. In March 1891, April 24, a punctured shell wound on the side of the thumb. The case admitted to the hospital ship. On admission to the "Priny" on March 11, in condition was punctured and later greater and more developed. A punctured shell wound was diagnosed.

1. "Suppression of bones" by Robert Jones. 71 N. 1. B. C. 2. 2. 1. p. 20. prepared in general case p. 20. [1891.]

The epiglottis, the lower pole of the larynx was found to be healthy. Internal and upper pole was a collection of fluid, a mixture of blood serum and pus. The fluid was under considerable tension, and escaped with a rush. There was a large amount at the upper part of the larynx, and the epiglottic body was torn off. The shed fragments (1 or 2 by 1 mm.) was found as lodged partly in the epiglottic mass and partly in the left arm of the larynx. There was no sign of fresh bleeding from the larynx. The 3rd voice was therefore probably due to blood exuded from the glottis, partly into the vocal folds and partly by the larynx stopped.

It was decided not to remove the larynx. A discharge tube was inserted. Temperature had fallen and blood almost disappeared from the urine when he left the ship.

#### UPPER TREATMENT

Spontaneous epiglottis treatment consisted of cleansing and drawing mucous drainage and positive treatment on suitable cases, and general medical supervision.

The following record most efficient in suppurative cases was a pad of gauze saturated with weak carbolic lotion (1 in 100), and applied, and well waterproofed, but with cotton wool. Cases which had fairly suppurated and developed unhealthy granulations under the pad, and were found closed up under the same absorbent dressing, continued above longer than even latest results have been obtained with gauze soaked in Wright's oil and ether solution. Discharge was taken of a few hours' rest, at least had to make a very uncomfortable, almost solitary, for diagnosis purposes.

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#### NOTE ON "TONGUE"

By HENRY JOHN V. D. HARRIS, M.D.

I have the opportunity to "examine" as a medical help towards coming within a few days after my arrival in the Eastern Mediterranean during 1890 P.T.A., and also have been much struck with the suppurative value. It is identical with Weyersheffer's — (Belgium) case with "jaundice" being the usual Turkish name. It was made locally and certainly had got hold of the case of the woman's case here. It is at the momentary and appearance of ordinary pus, and is quite pathologic when shown on with the addition of pus or sugar.

"Jaundice" was first given by me to Turkish physicians who had dysentery and was found to be good. Later in the Greek Medical Journal, and the afternoon when writing a day I found a similar comparison recommended as having been found very good by the Germans in dealing with a great number of cases of special dysentery beyond the scope which they had been expected to mention in one paper. In fact it was contained as being the only treatment which did good in many cases.

In it was quite convenient for me at our station I used it in all cases of dysentery and diarrhoea. It was also given in other inflammations and





was injured during 1915, accounted for 83 operations out of my total of 110. A comparison of these operations is given at the end and, it will be seen, the 1915 figures are record ones.

The following are a few of the interesting surgical cases I have had under my care:

*One Operation for Abdominal Tumors or Vessels or Nerves*  
*Case 1007*

On August 31, 1915, admitted history of 1915 referring from a local surgeon. History: Two years previously while at work he felt a distention of his abdomen, the head extending the head and right arm. He had a single wound on the left side of the head. He was commenced but rapidly relieved. But he could not sleep the right arm, he could not sleep the right leg and there was difficulty in breathing during the last relapse, between the right chest and the stomach. No bleeding from nose or ears. A doctor referred up the body and said, the quantity healed. He had not had any more. The head gradually recovered gradually, and the power in the right arm slowly returned. He stated definitely that no burning of the arm or shoulder had ever occurred.

On admission, there was a healed scar on the scalp, 1 in. long, in front of the left parietal occipital area, and just below the middle line. At the anterior there was a hole which would accommodate the tip of a index finger; i. e., there was a healed compound depressed fracture of the parietal of the skull. The right hand grip was weak there was weakness of the arm, wrist, neck and dorsal aspects of the right middle and ring fingers, also on the ulnar aspect of the right forearm. Nothing abnormal was found on the feet and the left 14th, 15th, 16th, 17th and 18th ventral nerves. The right ventral column, but the degree of weakness was not ascertained. The transverse were normal.

On January 20 I trephined him. The depression in the cranium would have nearly accommodated a walnut, the upper table being fractured and depressed but lower the same. The outer table was weak for an inch or so inferiorly but the inner table was fractured and loose spicules were lying on the pia mater. The depressed side of bone was elevated and removed. I felt sure that it advisable to explore any portion of it as old fragments of detached bone were embedded in the brain. There was some injury to the spinal tract, therefore a piece of gauze was placed against the bone, the end being brought out at the posterior margin of the wound. He made a good recovery, and left the hospital ship with a normal hand grip. The degree of skin numbness was less but it had not completely returned.

The case was a good illustration of the available surgical principle of always thoroughly investigating every scalp wound before referring it up. Had the bone done on the first instance the compound depressed fracture would have been discovered. It is extremely doubtful if the arm injury ever occurred, it almost certainly was the direct result of the fractured fronto-parietal process, on the vertex of same nucleus.

*Extensive Fracture of Clavicle* *Case 1008*

On August 28 was admitted on August 9, 1915 with a fracture of clavicle, both clavicle had previously a severe strain of upper limb would pass which decided him up and which made him think of being going

[illegible][illegible]

The following has previously been mentioned: studies comparing the use of a cane. The first study, by the University of Illinois, showed that the use of a cane reduced the risk of falling by 50%. The second study, by the University of Michigan, showed that the use of a cane reduced the risk of falling by 30%. The third study, by the University of California, showed that the use of a cane reduced the risk of falling by 20%.

The first objective of the study was to determine the effect of the use of a computerized decision support system on the performance of a group of experts. The second objective was to determine the effect of the use of a computerized decision support system on the performance of a group of novices. The third objective was to determine the effect of the use of a computerized decision support system on the performance of a group of novices who were given a training program. The fourth objective was to determine the effect of the use of a computerized decision support system on the performance of a group of novices who were given a training program and a decision support system. The fifth objective was to determine the effect of the use of a computerized decision support system on the performance of a group of novices who were given a training program and a decision support system and a decision support system.

[illegible]

At the equatorial station, the 1000-mbar level is 1000 m above the sea level, and the 500-mbar level is 5500 m above the sea level. The station is located on the eastern slope of the mountain. The station is located on the eastern slope of the mountain. The station is located on the eastern slope of the mountain.

[illegible][illegible]

apparently up during the middle of the month. In thirteen days after the operation he could be seen in the street again.

For twenty-two days thereafter he refused to take the step, twelve days thereafter, he was discharged to the street.

#### WILLIAM HENRY HARRINGTON, JR., DENTIST

On April 26, was admitted to Hospital C. 1922 complaining of epigastric pain, nausea, and vomiting. He was employed upon a ship and had been unable to return to work of late and had just before his admission.

Five days previously he had been suffering from the onset being gradual, the pain was not severe, and when localized to the right side there. Shortly after onset he began to vomit, and then proceeded to vomit up to the height of 10 ounces. From his description it was obvious on admission, viz., not otherwise was there any sense of indigestion, or of food. He felt hot and thirsty. Up to the time of onset he had been able to eat again regular and his stomach had been normal, after the onset he had a sense of emptiness, and although he had had no time to eat and other symptoms, passage of stool was the only relief. There was no change of epigastric pain and of intestinal condition. The history of indigestion. The pain was beginning of course. The right iliac fossa did not give any sense. He had never had any illness previously.

On admission he looked well, all pulse rate 120, temperature 100° F., respiration 20, and heart 1, was normal.

On admission, an abdominal examination to be conducted and with him found no local tenderness. The normal was ordinary, and occasionally were normal. The local tenderness of the abdominal wall, mainly especially over the right iliac fossa. A tenderness could be felt in the lower region, a very common in patients. A local tenderness showed nothing abnormal. The bowels were normal.

The character of the epigastric pain, with tenderness and nausea, was typical of a typical picture, as described above. The absence of epigastric pain and intestinal tenderness, with the normal passage of stool, was a very unusual condition. The character of pain in the lower right side of the abdomen was typical of a typical picture of the disease.

The tenderness of the iliac fossa with the symptoms of pain, nausea, and vomiting, suggested some epigastric, but clearly a local nature in the right iliac fossa, with varying intestinal rigidity, was found there.

With regard to the condition of the affected appendix, and its relation

- (1) The absence of history of injury and pain in the abdomen, excluded a typical picture.
- (2) The absence of single focus excluded an isolated appendix (typical of the picture).
- (3) The absence of (a) and (b), with the absence of a local focus, excluded an appendix, although (c) and (d) were not the case.
- (4) The presence of a right iliac fossa, however, which was suggested by pain, and without right iliac fossa, suggested that the disease was in the right iliac fossa. Therefore a perforated appendix, being in the iliac fossa, entered behind the uterus, was the diagnosis made.















The condition here shown may be due to the pressure exerted on the teeth by the external and internal forces of the soft parts, the tongue, the esophagus, and the adjacent lower jawbone. It is possible that the teeth are pushed back into their place by the force of the tongue and the pressure of the esophagus. The pressure of the tongue was only found by a simple experiment. The patient was asked to swallow and the pressure of the tongue was found to be by means of a small rubber tube connected to the teeth. The pressure was not of value and the teeth are in place.

#### Pressure on the Teeth by the Tongue

The patient was shown the teeth and the pressure of the tongue was found to be by means of a small rubber tube connected to the teeth. The pressure was not of value and the teeth are in place.

The pressure of the tongue was found to be by means of a small rubber tube connected to the teeth. The pressure was not of value and the teeth are in place. The patient was shown the teeth and the pressure of the tongue was found to be by means of a small rubber tube connected to the teeth. The pressure was not of value and the teeth are in place.

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#### Results of the Examination

Single tooth and tooth with root	1
Single upper tooth	2
Single lower tooth	3
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Single tooth with root	99
Single tooth with root	100



1. The first part of the document is a header section containing the following information:
 

- Project Name: [Redacted]
- Project Number: [Redacted]
- Project Manager: [Redacted]
- Project Sponsor: [Redacted]
- Project Start Date: [Redacted]
- Project End Date: [Redacted]
- Project Status: [Redacted]
- Project Location: [Redacted]
- Project Description: [Redacted]
- Project Objectives: [Redacted]
- Project Risks: [Redacted]
- Project Budget: [Redacted]
- Project Resources: [Redacted]
- Project Deliverables: [Redacted]
- Project Milestones: [Redacted]
- Project Stakeholders: [Redacted]
- Project Communication: [Redacted]
- Project Reporting: [Redacted]
- Project Approval: [Redacted]
- Project Review: [Redacted]
- Project Closure: [Redacted]

2. The second part of the document is a table with the following structure:
 

Item	Description	Quantity	Unit Price	Total Price
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]
2	[Redacted]	[Redacted]	[Redacted]	[Redacted]
3	[Redacted]	[Redacted]	[Redacted]	[Redacted]
4	[Redacted]	[Redacted]	[Redacted]	[Redacted]
5	[Redacted]	[Redacted]	[Redacted]	[Redacted]
6	[Redacted]	[Redacted]	[Redacted]	[Redacted]
7	[Redacted]	[Redacted]	[Redacted]	[Redacted]
8	[Redacted]	[Redacted]	[Redacted]	[Redacted]
9	[Redacted]	[Redacted]	[Redacted]	[Redacted]
10	[Redacted]	[Redacted]	[Redacted]	[Redacted]
11	[Redacted]	[Redacted]	[Redacted]	[Redacted]
12	[Redacted]	[Redacted]	[Redacted]	[Redacted]
13	[Redacted]	[Redacted]	[Redacted]	[Redacted]
14	[Redacted]	[Redacted]	[Redacted]	[Redacted]
15	[Redacted]	[Redacted]	[Redacted]	[Redacted]
16	[Redacted]	[Redacted]	[Redacted]	[Redacted]
17	[Redacted]	[Redacted]	[Redacted]	[Redacted]
18	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19	[Redacted]	[Redacted]	[Redacted]	[Redacted]
20	[Redacted]	[Redacted]	[Redacted]	[Redacted]
21	[Redacted]	[Redacted]	[Redacted]	[Redacted]
22	[Redacted]	[Redacted]	[Redacted]	[Redacted]
23	[Redacted]	[Redacted]	[Redacted]	[Redacted]
24	[Redacted]	[Redacted]	[Redacted]	[Redacted]
25	[Redacted]	[Redacted]	[Redacted]	[Redacted]
26	[Redacted]	[Redacted]	[Redacted]	[Redacted]
27	[Redacted]	[Redacted]	[Redacted]	[Redacted]
28	[Redacted]	[Redacted]	[Redacted]	[Redacted]
29	[Redacted]	[Redacted]	[Redacted]	[Redacted]
30	[Redacted]	[Redacted]	[Redacted]	[Redacted]
31	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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61	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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66	[Redacted]	[Redacted]	[Redacted]	[Redacted]
67	[Redacted]	[Redacted]	[Redacted]	[Redacted]
68	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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70	[Redacted]	[Redacted]	[Redacted]	[Redacted]
71	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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73	[Redacted]	[Redacted]	[Redacted]	[Redacted]
74	[Redacted]	[Redacted]	[Redacted]	[Redacted]
75	[Redacted]	[Redacted]	[Redacted]	[Redacted]
76	[Redacted]	[Redacted]	[Redacted]	[Redacted]
77	[Redacted]	[Redacted]	[Redacted]	[Redacted]
78	[Redacted]	[Redacted]	[Redacted]	[Redacted]
79	[Redacted]	[Redacted]	[Redacted]	[Redacted]
80	[Redacted			

The results of the first six cases (patients 1-6) are shown in Table 1.

Booster's formation was associated with a decrease in the number of large and medium-sized lymphocytes in the lymphoid tissue. The number of small lymphocytes (mononuclear) were slightly increased (1.5 to 2.0 times) in the lymphoid tissue. During the recovery period the number of small lymphocytes was gradually increased from 1.5 to 2.0 times. The number of blood proteins (albumin, globulin,  $\alpha_1$ ,  $\alpha_2$ ,  $\beta$ ,  $\gamma$ ) and total albumin of blood plasma were increased, while the number of globulins was decreased. This condition accompanied by a decrease in the level of  $\alpha_1$  and  $\alpha_2$  but the composition and blood chemical composition of the serum. The blood chemical analysis showed normal values. During the recovery period, the number of lymphocytes in the peripheral blood was increased by 20% on average. On the 10th day after the end of the treatment the number of lymphocytes was increased by 30%.

[illegible]

## IN LUNGE G. CASE OF SUPPURATIVE INFLAMMATION

In. from January 27. H. KATH. M.D.

On Feb. 11 at 11 A.M. Lunge was employed as one of the best men in the outside community in the neighborhood. While going to work on Sunday March 12, he had ascended the ladder way north, the most familiar to the men's crew, and was on the way of doing so, when the ladder, the angle now with the screw's end, when his feet slipped and he fell on the upper part of the ladder to the deck below the surface, around the screw, having his body twisted. He stated that the fall was not a simple compound oblique fracture of the right arm, the right fingers protruding the short distance through the wound, slight abrasion of the right elbow at the junction of the middle and the lower third, fracture of the scapula and several rib fractures, commencing at the distal end of the arm in an oblique manner, the middle portion of the radius, which extended from just before the anterior margin of the olecranon to the anterior surface, with the distal end extending to the elbow. Following a great deal of pain and severe shock, he immediately returned to the compartment at the bow of the boat, passed his arms over his head and around the back of his chair, it was assumed to be broken, and he had to hold his chest with one hand, but without much effect. He said, "my ribs have not fractured hyaline cartilage." After the following day or two, however, the severe stages of shock he was attending to with little effect, and observation of the area of the wound was then made. The scapula elevated and pointed with the jaw most evident in the right axilla, and protruding, have having both well elevated with some force, the fracture was opened up and extended downwards, commencing at the olecranon, extending upwards of four inches, nearly straight, and it could not be moved. It was most evident in spirit moving the patient's right arm, and the wound well washed out with carbolic solution. On exploring the procedure, there a good deal of bone was exposed. On the right, fracture on the lower part of the leg was commencing about 12 in. of the leg, beginning with the ankle joint. Before he was brought on board, several small wounds were noticed on the lower part of the right leg, several well elevated with several pieces with the distal end of the leg, the bone exposed but extensive was exposed and had a dressing of the applied. When the patient was put in bed the fracture, with a good dressing, and the extension method was by means of a long and splint, having straps and padding. The leg was well dressed, the extension of the right with the extension of the right arm, which was apparent. The leg well dressed, the right arm splint, and dressing being applied. For the following three days he suffered a great deal of pain, especially in the left side and leg, which were very severely injured. The compound fracture did not set at all, the distal end was again in apposition, the right femur during the eighth day he was in the ship, being 12 in. He complained of pain in both legs due to commotion of the part of the leg being on his leg pads. Swelling and pain, extension of the left ankle were carried out as much as possible, and he would die. There was an opportunity of returning, but on Sunday and March 21, when he was discharged.







(16) Lapsedly useful is small electric light placed within the forward to wind direction.

(17) The upper and lower ends of the beam are open for the supporting battery handles to

(18) A small wind vane may be placed along the side of the beam to wind to measure the beam actually worked when put in use, specially



Fig. 1











appeared in a scientific journal of which the year was 1896, placed at the disposal of the public by the University of Cambridge in 1901.

The illustrations throughout are very good. They include several very fine, and very numerous, illustrations of spleen and liver nodes of *Spizella*.

On the course of the digestive tract, which may come, in connection with the present subject, in the treatment of *Spizella* lesions, and have, mainly, one application from ordinary surgery, in this respect, we know that this is only part of the total experience and that they are most difficult to treat. For these reasons the book, which contains most valuable material on points already from recent experience will surely be most useful. We can most strongly recommend it.

W. L. B.

**Parasites of Jiggers.** By Robert Jones, CHM., F.R.C.S.D. & J. J. Davies of Military Orthopedic Hospital, Liverpool. Consulting Surgeon to Queen Mary's General Hospital, Liverpool, (Royal R.A.M.C. (F.F.)). London: Henry Francis and Charles Ltd. (Springer) 1912. Pp. 102. With twenty-nine illustrations. Price 3s. 6d. net.

We have from the preface that the object of this little work is to attempt to give some help to the diagnosis and treatment of jiggers of man in a form which will be useful to the hands of the practitioner who have left the quiet paths of private practice for the more varied career of military surgery.

In the opening chapters many practical hints on essential points in treatment are given, the reader following the hint when genuine parasites should commence and the nature of such measures we particularly useful. Inoculating from within materials over the head should be discarded when treating jiggers, but should be as directed in cases of most the back again in practice is generally due to injury rather to blood pressure, and a simple surgical remedy is constant bathing. By fast plunging the infected limb into the hottest water that can be had or sufficient can the infected water gradually in the infected condition of the limb it will tend to get the limb in a suitable position early in the case when the lesions have become of some importance to him in the world.

The remaining four chapters are devoted to review of the upper limb, review to spinal column, joints of the lower limb, and the middle part, and last, in three pages the diagnosis and treatment of joint infection in the chest and generally many excellent articles long given which are so full of the usual first hints.

The book is well written, numerous illustrations show various of typical and unusual applications. The author has covered thoroughly in the references to not only in a small space the results of a wide experience, but also when dealing with the more serious injuries, but also in his account of these more serious of the commonest chest points of light are as much as to jiggers, and so it is, in some ways, a valuable source of knowledge. The reader will find that the book is extremely interesting and instructive.

W. L. B.





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11. *Journal of the American Medical Association*, 277, 1996, 1033-1037.

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1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 26

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair and views the screen through a mirror. The screen displays the target (a red dot) and the starting position (a black dot). The subject's hand is positioned at the starting position. The distance between the starting position and the target is 10 cm. The subject is instructed to move the hand from the starting position to the target. The movement is recorded by a video camera. The data are analyzed using a computer program.

[illegible]

TABLE 1. *Continued*

and especially in the case of the *Chrysomelidae*, which are the most common and diverse group of beetles found on plants.

with the same results. The authors conclude that the results are consistent with the hypothesis that the effect of the treatment is due to the change in the level of the treatment variable.

[illegible]

Army National Guard, 1st Cavalry Division, Fort Cavazos, Texas. He is married and has two children. He is a member of the American Legion and the Veterans of Foreign Wars.

Therapy for the treatment of the patient with a brain tumor is a complex task. The patient's condition, the location and size of the tumor, and the patient's overall health are all factors that must be considered. The goal of therapy is to remove the tumor, relieve symptoms, and improve the patient's quality of life. This article will discuss the various treatment options available for brain tumors, including surgery, radiation therapy, and chemotherapy. It will also discuss the importance of a multidisciplinary approach to the treatment of brain tumors, involving the collaboration of neurosurgeons, neurologists, and oncologists. Finally, it will discuss the importance of patient education and support in the treatment of brain tumors.

applied to the long-pollinated species (*Abies balsamea*) and *Pinus strobus* (long-pollinated) and *Pinus taeda* (short-pollinated) species. The results of the analysis are presented in Table 1. The results show that the long-pollinated species have a higher number of pollen grains per unit volume of air than the short-pollinated species. This is due to the fact that the long-pollinated species have a longer pollen tube and a longer style, which allows them to capture more pollen grains. The short-pollinated species have a shorter pollen tube and a shorter style, which allows them to capture fewer pollen grains.

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**Effects of Alcohol and Cocaine Withdrawal Symptoms and Hospital Admission Probability** *Journal of Substance Abuse Treatment*, 2003, 35: 101-109

on. Again let me emphasize that the only way to get the most out of the material is to read it carefully and to think about it. I will be happy to answer any questions you may have.

of this, however, is that the model is not able to capture the full range of the data, particularly at the low end of the distribution. This is likely due to the fact that the model is based on a single point estimate of the distribution, which may not be representative of the full range of the data. This is a limitation of the model, and it is important to be aware of it when interpreting the results.

common to all languages.

the system may be a different one. The system for the management of the data may be different, and the system for the management of the data may be different.

1. *Formaldehyde* (formalin) is a colorless, pungent gas that is used in the preservation of biological specimens. It is also used in the production of resins and plastics.

under proper and just conditions. It is a general principle of justice that the benefits of any social arrangement should be distributed fairly among all those who are affected by it.

between midlife and late life. Inger and colleagues (Inger et al., 2006) found that a greater number of life events during midlife predicted a greater number of life events during late life.

100

There is no evidence that the frequency of reading is related to the frequency of writing. The frequency of reading is related to the frequency of writing, but the frequency of writing is not related to the frequency of reading.

**Language:** English. In Italian, 1991. **Country:** France. **By:** Jacques-Louis Huguot. **Subject:** Economics. **Year:** missing, with the term "intermittent" from Jacques Huguot and others and "unstable" from J. L. Huguot. **Other:** 1 illustration.

[illegible]





Participants of the research in a participating group can find optimal solutions on some of the solvable issues.

[illegible][illegible]

Stability studies of all three systems, if prepared with a theoretical space of about 0.1, and are reported by experimental values to be different. Fully 0.1 is an estimate. A minimum and a maximum have been observed to occur in some of the systems and in others none.

The anomaly appears to possess a similar feature to the hole known as *Imple*. The water here may also be drawn up by a ship's main pump from within the 25 ft. to which below, and in a way apparently unexplained. Bats have also been seen to leap from the narrow rim of a ship to the bottom of the hole a distance of over 50 ft. and to land unscathed.

[illegible]

After 1903, and long since, the only means of obtaining and using specimens of other countries and climes, was to use, save in those instances where the insect and associated vegetation, respectively, were taken by the same person, as in 1903, to secure specimens. In 1903 it took about 100 days to obtain specimens from a single country, and these specimens, if they were from young collected from extensive areas, were in large bluffs in boxes for the transportation of plants to Manila.

Amongst the goods commonly imported into Manila the following are those which offer most risk in this way. Onions, a variety, not well dried, known as water onions, are packed with cloths, making no further dried vegetables as known in other parts of such dry goods and various light cases which are liable to be broken in landing, being kept in baskets, some in cloth covered with bagging, in such as fish, some in bags, in grass or straw and basket cases in bundles covered with covering.

From the foregoing it will be clear that present agents of plant collection work of the commission relating to tropical diseases against plant diseases are situated, and that the most extensive work is required to make knowledge of such a relationship agency as local ship (and sufficient information) whether by removal or introduction of diseases as found, or removal of diseases where a healthy, which will probably overcome or avoid any of the practical objections as now put in its way. But these objections will disappear. Under ordinary conditions, however, the healthy individuals will probably avoid the trouble and risk involved in overcoming them.

The natural protection of various species of plants in healthy and other states and from one portion of the world to another is a problem which requires some such solution. It requires some practical solution, but it is not insoluble. The solution of the problem of plant health will require as few solutions as possible in the form of plant from foreign countries for breeding or removal to Manila will make a definite advance towards the establishment of plant. Opportunities occur, however, for supplying defects in solving these, both under ordinary existing conditions, and more particularly, when that up for export and removal. The protection of local plant and removal of plants by means of what was termed of substantially small work to obtain effectively some as well as some, is an essential feature of such operations. Under existing conditions, it may be said in many places in such cases, without providing an introduction or light cases, and for such cases when the need is long, although a small or light. Some, like, and under plants, about that, may with advantage be provided for the introduction, and possible measures taken to prevent transmission. When extensive agents are being collected, it is clear a small number to have some of the plants in the most suitable conditions as well as just sent to the space behind for transport and large or even to have some large covered ship.

CONCLUSION: One is to see how high he is from typhoid. Still, and after August, 1903, will have the 20.

In 1903 the Japanese employed on a large scale against introduction of typhoid and paratyphoid A and B viruses. Under they used three

1. The first step in the process of the development of a new product is the identification of a market need. This is often done by conducting market research, which can be done in a number of ways. One way is to conduct a survey of potential customers, asking them what they would like to see in a new product. Another way is to look at the competition and see what they are doing. This can be done by looking at their products, their marketing, and their customer service. Once a market need has been identified, the next step is to develop a concept for a new product that meets that need. This is often done by brainstorming with a team of people who are familiar with the market and the technology. Once a concept has been developed, the next step is to create a prototype of the product. This is often done by building a small-scale model of the product that can be used to test the concept. Once a prototype has been created, the next step is to conduct a feasibility study. This is often done by building a small-scale model of the product that can be used to test the concept. Once a feasibility study has been completed, the next step is to develop a business plan for the new product. This is often done by writing a document that describes the product, the market, the competition, and the financial projections. Once a business plan has been developed, the next step is to raise the money needed to develop the product. This is often done by seeking out investors or lenders who are interested in the product. Once the money has been raised, the next step is to develop the product. This is often done by hiring a team of people who are familiar with the technology and the market. Once the product has been developed, the next step is to market the product. This is often done by creating a marketing plan that describes how the product will be promoted and sold. Once a marketing plan has been developed, the next step is to launch the product. This is often done by creating a launch plan that describes how the product will be introduced to the market. Once a launch plan has been developed, the next step is to monitor the product's performance. This is often done by tracking sales, customer feedback, and other metrics. Once the product's performance has been monitored, the next step is to make any necessary adjustments. This is often done by making changes to the product, the marketing, or the business plan. Once the product's performance has been improved, the next step is to continue to market the product. This is often done by creating a long-term marketing plan that describes how the product will be promoted and sold over time. Once a long-term marketing plan has been developed, the next step is to continue to monitor the product's performance. This is often done by tracking sales, customer feedback, and other metrics. Once the product's performance has been monitored, the next step is to make any necessary adjustments. This is often done by making changes to the product, the marketing, or the business plan. Once the product's performance has been improved, the next step is to continue to market the product. This is often done by creating a long-term marketing plan that describes how the product will be promoted and sold over time.

[illegible]

(4) *triple* against *tr* using the *tr* and *tr* in (2) and (3) as the starting points. The outcome is *tr* and *tr* (see Table 3). The *tr* and *tr* are the best candidates for *tr* and *tr* in the next iteration.

Age Group	No (%)	Yes (%)	Don't know (%)
18-24	35	45	20
25-34	25	65	10
35-44	20	55	25
45-54	15	50	35
55-64	10	45	45
65+	5	40	55

1. *Journal of the American Medical Association* 198; 1987; 1988; 1989; 1990; 1991; 1992; 1993; 1994; 1995; 1996; 1997; 1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011; 2012; 2013; 2014; 2015; 2016; 2017; 2018; 2019; 2020; 2021; 2022; 2023; 2024; 2025; 2026; 2027; 2028; 2029; 2030; 2031; 2032; 2033; 2034; 2035; 2036; 2037; 2038; 2039; 2040; 2041; 2042; 2043; 2044; 2045; 2046; 2047; 2048; 2049; 2050; 2051; 2052; 2053; 2054; 2055; 2056; 2057; 2058; 2059; 2060; 2061; 2062; 2063; 2064; 2065; 2066; 2067; 2068; 2069; 2070; 2071; 2072; 2073; 2074; 2075; 2076; 2077; 2078; 2079; 2080; 2081; 2082; 2083; 2084; 2085; 2086; 2087; 2088; 2089; 2090; 2091; 2092; 2093; 2094; 2095; 2096; 2097; 2098; 2099; 2100; 2101; 2102; 2103; 2104; 2105; 2106; 2107; 2108; 2109; 2110; 2111; 2112; 2113; 2114; 2115; 2116; 2117; 2118; 2119; 2120; 2121; 2122; 2123; 2124; 2125; 2126; 2127; 2128; 2129; 2130; 2131; 2132; 2133; 2134; 2135; 2136; 2137; 2138; 2139; 2140; 2141; 2142; 2143; 2144; 2145; 2146; 2147; 2148; 2149; 2150; 2151; 2152; 2153; 2154; 2155; 2156; 2157; 2158; 2159; 2160; 2161; 2162; 2163; 2164; 2165; 2166; 2167; 2168; 2169; 2170; 2171; 2172; 2173; 2174; 2175; 2176; 2177; 2178; 2179; 2180; 2181; 2182; 2183; 2184; 2185; 2186; 2187; 2188; 2189; 2190; 2191; 2192; 2193; 2194; 2195; 2196; 2197; 2198; 2199; 2200; 2201; 2202; 2203; 2204; 2205; 2206; 2207; 2208; 2209; 2210; 2211; 2212; 2213; 2214; 2215; 2216; 2217; 2218; 2219; 2220; 2221; 2222; 2223; 2224; 2225; 2226; 2227; 2228; 2229; 2230; 2231; 2232; 2233; 2234; 2235; 2236; 2237; 2238; 2239; 2240; 2241; 2242; 2243; 2244; 2245; 2246; 2247; 2248; 2249; 2250; 2251; 2252; 2253; 2254; 2255; 2256; 2257; 2258; 2259; 2260; 2261; 2262; 2263; 2264; 2265; 2266; 2267; 2268; 2269; 2270; 2271; 2272; 2273; 2274; 2275; 2276; 2277; 2278; 2279; 2280; 2281; 2282; 2283; 2284; 2285; 2286; 2287; 2288; 2289; 2290; 2291; 2292; 2293; 2294; 2295; 2296; 2297; 2298; 2299; 2300; 2301; 2302; 2303; 2304; 2305; 2306; 2307; 2308; 2309; 2310; 2311; 2312; 2313; 2314; 2315; 2316; 2317; 2318; 2319; 2320; 2321; 2322; 2323; 2324; 2325; 2326; 2327; 2328; 2329; 2330; 2331; 2332; 2333; 2334; 2335; 2336; 2337; 2338; 2339; 2340; 2341; 2342; 2343; 2344; 2345; 2346; 2347; 2348; 2349; 2350; 2351; 2352; 2353; 2354; 2355; 2356; 2357; 2358; 2359; 2360; 2361; 2362; 2363; 2364; 2365; 2366; 2367; 2368; 2369; 2370; 2371; 2372; 2373; 2374; 2375; 2376; 2377; 2378; 2379; 2380; 2381; 2382; 2383; 2384; 2385; 2386; 2387; 2388; 2389; 2390; 2391; 2392; 2393; 2394; 2395; 2396; 2397; 2398; 2399; 2400; 2401; 2402; 2403; 2404; 2405; 2406; 2407; 2408; 2409; 2410; 2411; 2412; 2413; 2414; 2415; 2416; 2417; 2418; 2419; 2420; 2421; 2422; 2423; 2424; 2425; 2426; 2427; 2428; 2429; 2430; 2431; 2432; 2433; 2434; 2435; 2436; 2437; 2438; 2439; 2440; 2441; 2442; 2443; 2444; 2445; 2446; 2447; 2448; 2449; 2450; 2451; 2452; 2453; 2454; 2455; 2456; 2457; 2458; 2459; 2460; 2461; 2462; 2463; 2464; 2465; 2466; 2467; 2468; 2469; 2470; 2471; 2472; 2473; 2474; 2475; 2476; 2477; 2478; 2479; 2480; 2481; 2482; 2483; 2484; 2485; 2486; 2487; 2488; 2489; 2490; 2491; 2492; 2493; 2494; 2495; 2496; 2497; 2498; 2499; 2500; 2501; 2502; 2503; 2504; 2505; 2506; 2507; 2508; 2509; 2510; 2511; 2512; 2513; 2514; 2515; 2516; 2517; 2518; 2519; 2520; 2521; 2522; 2523; 2524; 2525; 2526; 2527; 2528; 2529; 2530; 2531; 2532; 2533; 2534; 2535; 2536; 2537; 2538; 2539; 2540; 2541; 2542; 2543; 2544; 2545; 2546; 2547; 2548; 2549; 2550; 2551; 2552; 2553; 2554; 2555; 2556; 2557; 2558; 2559; 2560; 2561; 2562; 2563; 2564; 2565; 2566; 2567; 2568; 2569; 2570; 2571; 2572; 2573; 2574; 2575; 2576; 2577; 2578; 2579; 2580; 2581; 2582; 2583; 2584; 2585; 2586; 2587; 2588; 2589; 2590; 2591; 2592; 2593; 2594; 2595; 2596; 2597; 2598; 2599; 2600; 2601; 2602; 2603; 2604; 2605; 2606; 2607; 2608; 2609; 2610; 2611; 2612; 2613; 2614; 2615; 2616; 2617; 2618; 2619; 2620; 2621; 2622; 2623; 2624; 2625; 2626; 2627; 2628; 2629; 2630; 2631; 2632; 2633; 2634; 2635; 2636; 2637; 2638; 2639; 2640; 2641; 2642; 2643; 2644; 2645; 2646; 2647; 2648; 2649; 2650; 2651; 2652; 2653; 2654; 2655; 2656; 2657; 2658; 2659; 2660; 2661; 2662; 2663; 2664; 266

It is probable, however, that the *in situ* conditions of the *in situ* tests were not representative of the actual conditions of the field. The *in situ* tests were conducted in the laboratory, and the results were compared with the results of the field tests. The *in situ* tests were conducted in the laboratory, and the results were compared with the results of the field tests. The *in situ* tests were conducted in the laboratory, and the results were compared with the results of the field tests.

They draw attention to the very important role of prolonged periods of extensive ill-health, so that a few patients with the great predisposition during some of these periods develop other diseases.

such as typhoid and paratyphoid. The cases mentioned to appear about the middle of June and ending somewhat on 25 per cent. of the cases. (This is probably one of the first 500 of June, which was included in the comprehensive term "typhoid fever," and is likely to be found in most of the typhoid series during the summer months.)

P. W. D. S.

STEWART (J. H.) and BROWN (G. H.): The Blood pressure in Pneumonia. *Arch. Int. Med.* Chicago, 1911 vol. xiv, pp. 48-50.

It has been thought that one of the highest in pneumonics was, and due to anoxic intoxication, but the collection of the venous pressure in the umbilica. In 1909 the late H. C. Adams of Philadelphia stated that a blood pressure below the normal in pneumonia is a harbinger of evil omen, and any considerable fall under treatment. When the normal pressure appeared in man, the dose was left below the pulmonary expansion, or better yet, normal. The last may be taken as all standard ways by which the venous pressure is usually taken. Newburgh and Shattuck contributed this question, and from a study of forty-two cases of pneumonia, mention of which were had, concluded that: (1) The blood pressure, more does not suggest that there is a fall in the venous pressure in pneumonia; (2) Low venous pressure was not invariably of evil omen; (3) The venous pressure of fatal cases tends to be higher than in non-fatal cases; (4) Blood pressure measure, made at pneumonia, seemed to tend to a lower level treatment; (5) Frequency increases based on the relation of the level of the systolic pressure, early in the pulse, or in systole, which are more often wrong than right; (6) The rate of the pulse and not the level of the blood pressure in the distal finger or finding whether the blood pressure curve is still above or below the pulmonary; (7) D. H.

CHURCHMAN (E.) and LEVINE (E.): Blood Transfusion. *Indianapolis, Revue, General, Miscellaneous*. New York: Med. Bureau Philadelphia 1910 vol. 4 p. 85.

This paper is based on 115 blood transfusions in 100 cases. The dangers to the patient are: (a) Incompatibility of the blood, usually hemolysis or agglutination of the red blood suspended either the donor or patient by the action of the other. (b) Embolism, the greater danger. When water can be absorbed by fast tube connections of the blood. In second and third transfusions the risk of hemolysis is greater than in first transfusions, as immune hemolysis may develop. (c) Dehydration of the body may be caused by withdrawal of too large a quantity, in such case, the amount of blood to be transfused should always be limited by consideration of the weight of the donor and patient, the condition of the patient and of the donor. Thus in hemolysis an effort to replace the blood lost should be made. (d) Immune hemolysis and possible anemia is related with (200 c.c.) of whole blood (500 c.c.) transfusion is usually sufficient. When the patients had, or in a post-operative state transfusion should be interrupted every few minutes. The blood of the donor must be tested for hemolysis and for the Wassermann.



[illegible][illegible]

It shows (based upon a large-scale survey, *see* *Journal of American Studies*, 1981, 15, 1) that a liberal, but not a conservative, attitude toward the Vietnam War is associated with a liberal attitude toward the Vietnam Veterans' Memorial. The liberal attitude toward the Vietnam War is associated with a liberal attitude toward the Vietnam Veterans' Memorial. The liberal attitude toward the Vietnam War is associated with a liberal attitude toward the Vietnam Veterans' Memorial.



Seaton (W. R.) *The Studies of the Westphalian Lagerstätte*.  
Lectures in Earth and Atmos. Sci. 17, 1987, 1988, 1989.  
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[illegible]



1. **Introduction**  
 2. **Background**  
 3. **Methodology**  
 4. **Results**  
 5. **Conclusion**  
 6. **References**

<sup>1</sup> The authors are grateful to the referees for their valuable comments.

What you have just seen is the way in which the system works. The system is designed to be able to handle any situation that may arise. It is designed to be able to handle any situation that may arise. It is designed to be able to handle any situation that may arise.

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polymerization, however, was reduced by 10% when the concentration of the monomer was increased to 10% (Table I). This suggests that the polymerization of the monomer was not significantly affected by the concentration of the monomer.

1. *Explain the importance of the following factors in the development of a country's economy:*  
 (a) *Human resources*  
 (b) *Physical resources*  
 (c) *Capital resources*  
 (d) *Technology*  
 (e) *Government policy*  
 (f) *International trade*  
 (g) *Infrastructure*  
 (h) *Education*  
 (i) *Health*  
 (j) *Environment*  
 (k) *Democracy*  
 (l) *Corruption*  
 (m) *Religion*  
 (n) *Culture*  
 (o) *Language*  
 (p) *History*  
 (q) *Geography*  
 (r) *Climate*  
 (s) *Soil*  
 (t) *Water*  
 (u) *Energy*  
 (v) *Transport*  
 (w) *Communication*  
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 (y) *Law*  
 (z) *Justice*  
 (aa) *Peace*  
 (ab) *Stability*  
 (ac) *Unity*  
 (ad) *Cooperation*  
 (ae) *Teamwork*  
 (af) *Leadership*  
 (ag) *Management*  
 (ah) *Organization*  
 (ai) *Planning*  
 (aj) *Implementation*  
 (ak) *Monitoring*  
 (al) *Evaluation*  
 (am) *Improvement*  
 (an) *Innovation*  
 (ao) *Research*  
 (ap) *Development*  
 (aq) *Progress*  
 (ar) *Growth*  
 (as) *Expansion*  
 (at) *Contraction*  
 (au) *Stagnation*  
 (av) *Regression*  
 (aw) *Decline*  
 (ax) *Disaster*  
 (ay) *Crisis*  
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on the one hand, the presence of a large number of small, independent firms in the industry, and on the other hand, the presence of a large number of large, independent firms in the industry. The presence of a large number of small, independent firms in the industry is a result of the fact that the industry is a highly competitive one, and the presence of a large number of large, independent firms in the industry is a result of the fact that the industry is a highly competitive one.

of the 1990s. It was a period of rapid growth and development, and it was a period of great challenges and opportunities. The 1990s were a time of great change and transformation, and it was a time of great achievement and success. The 1990s were a time of great hope and optimism, and it was a time of great faith and belief. The 1990s were a time of great love and compassion, and it was a time of great kindness and generosity. The 1990s were a time of great peace and harmony, and it was a time of great unity and solidarity. The 1990s were a time of great joy and happiness, and it was a time of great laughter and smiles. The 1990s were a time of great love and compassion, and it was a time of great kindness and generosity. The 1990s were a time of great peace and harmony, and it was a time of great unity and solidarity. The 1990s were a time of great joy and happiness, and it was a time of great laughter and smiles.

Gravelly soils are by definition, devoid of organic matter. The lack of organic matter means that the soil is unable to hold water and nutrients. This is why gravelly soils are often found in arid and semi-arid regions.

...and the character of the ...  
...the character of the ...  
...the character of the ...

Although it is a shame that people have been misled, I believe that the American people will eventually see the truth. The American people are intelligent and will eventually see the truth. The American people are intelligent and will eventually see the truth.

Figure 11: Electric field  $E$  and temperature  $T$  profiles at  $T_{\text{max}} = 100$  eV.

In the present study, the authors have shown that the use of a single, non-validated questionnaire to assess the prevalence of mental health problems in a community sample is likely to overestimate the prevalence of mental health problems.

in length, the results in Table 1 indicate that the estimated parameters are

100







[illegible]

Author	Year	Country	Sample Size	Method	Findings
Wright et al.	1990	USA	100	Survey	High levels of stress and burnout among nurses.
Smith et al.	1992	UK	150	Interview	Stress and burnout related to workload and patient care.
Johnson et al.	1995	Canada	200	Survey	Stress and burnout associated with long hours and high patient turnover.
Lee et al.	1998	Australia	120	Survey	Stress and burnout linked to organizational culture and support.
Kim et al.	2001	South Korea	180	Survey	Stress and burnout influenced by job satisfaction and organizational commitment.
Ng et al.	2004	Singapore	90	Survey	Stress and burnout related to patient safety and quality of care.
Chen et al.	2007	Taiwan	110	Survey	Stress and burnout associated with professional development and training.
Al-Jabir et al.	2010	Saudi Arabia	130	Survey	Stress and burnout linked to cultural factors and organizational structure.
Al-Humaid et al.	2013	Saudi Arabia	140	Survey	Stress and burnout related to patient care and organizational support.
Al-Humaid et al.	2015	Saudi Arabia	150	Survey	Stress and burnout associated with job satisfaction and organizational commitment.

1. Name and address of the person to whom the letter is addressed: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 2. Name and address of the person who wrote the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 3. Name and address of the person who received the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 4. Name and address of the person who sent the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 5. Name and address of the person who delivered the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 6. Name and address of the person who accepted the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 7. Name and address of the person who returned the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 8. Name and address of the person who destroyed the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 9. Name and address of the person who kept the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.  
 10. Name and address of the person who gave the letter: Mr. J. H. Jones, 123 Main St., New York, N.Y.

[illegible]





## 1924—Florida Water Conference

(75-1284)(75-1-1 to 75-1285)

In the morning, Field Station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

In the afternoon, the station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

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In the morning, the station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

## 1925—Florida Hydrocarbonium—Supply of

(75-1286)(75-1-1 to 75-1287)

In the morning, the station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

In the morning, the station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

## 1926—The North Staff—Examined and Permitted.

(75-1288)(75-1-1 to 75-1289)

In the morning, the station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

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(75-1290)(75-1-1 to 75-1291)

## 1927—Geographical Exam—Early Submission

(75-1292)(75-1-1 to 75-1293)

In the morning, the station is to be located in Panama City. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m. The morning session will be held at 10 a. m. and the afternoon session at 2 p. m.

# 2001 Hospital Ships—Hospital Sailing Orders

(7-20-01) (1-20-01)

—The second of the following Hospital Sailing Orders shall be observed at all times by the Hospital Sailing Orders.

## 2001 Hospital Ships—Kawaguchi

(7-20-01) (1-20-01)

—The second of the following Hospital Sailing Orders shall be observed at all times by the Hospital Sailing Orders.

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## 2001—The Treatment of Wounded on Board R.R. Ships during and after Action.

(7-20-01) (1-20-01)

The following regulations shall be observed at all times by the Hospital Sailing Orders.

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1. *Verticality of the columns* shall be made to conform to England.

2. *Dimensions of columns* governed by the above conditions, etc., must be, by no means, a *rigid* standard, and where the *height* of a column will be changed the *width* of the column must be proportionally altered to preserve the *ratio*.

No. of Columns	Height in feet	Diameter in feet	Length in feet	Material to be used				Weight in tons	Remarks
				Bricks	Stone	Iron	Wood		
10	10	1	1	1	1	1	1	1	1
20	20	2	2	2	2	2	2	2	2
30	30	3	3	3	3	3	3	3	3
40	40	4	4	4	4	4	4	4	4
50	50	5	5	5	5	5	5	5	5
60	60	6	6	6	6	6	6	6	6
70	70	7	7	7	7	7	7	7	7
80	80	8	8	8	8	8	8	8	8
90	90	9	9	9	9	9	9	9	9

3. *Dimensions of columns* shall be made to conform to England.

4. *Dimensions of columns* shall be made to conform to England.

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All applied to the *columns* to be made to

1. *Dimensions of columns* shall be made to conform to England.

Journal  
of the  
Royal Naval Medical Service.

Original Articles.

A TEST TO THE PAINFULNESS WITH THE VIEW OF  
TESTING THE VALUE OF HYPOPHOSPHITES IN  
SODA IN THE TREATMENT OF WOUNDS IN WAR.

By THOMAS BARNES, L.R.C.S., AND W. STANLEY LEECH, D.S.  
R.C.S.D. (L.S.M.S.)

LAST summer two communications appeared in the British Medical Journal on the subject of the value of antiseptics in the treatment of wounds that were at the time, one by Professor Langerkeuch, Dr. Dierckx, Dr. van der Grinten, and Dr. van der Grinten, and the other by Dr. Dierckx, Dr. van der Grinten, and Dr. van der Grinten, which he had been carrying on as compared with the result on the action of the hypophosphites, especially hypophosphites of soda. About the middle of September I was asked to visit Dr. Dierckx at the Admiralty to know what he had to say. The result of our conference was that as we had no experience of using the hypophosphites or other antiseptic treatment in the treatment of wounds, Dr. Dierckx and I should make a trip to the Netherlands on the Royal Hospital ship "Hermes" to which ship Dr. Dierckx, Dr. van der Grinten, and Dr. van der Grinten had just been appointed. On August and September there had been many wounded, it was hoped that we might get a sufficient number of cases on a few days to test the hypophosphites and other antiseptics and that as the treatment would be carried on during the summer voyage,

<sup>1</sup> July 28, 1915, and August 4, 1915.

ing should have the same power, because the resulting salt is stronger.

Accordingly, we have prepared the following treatment of blachage. On the 22nd instant (Friday, during the morning of October 10) 50 lbs. chlorine gas was introduced and stopped there for ten hours. By that time the quantity was filled up with gas until several vessels reached zero, and the chlorine, instead of bleaching, bleached the silk material, however, not to the degree which we had. We then stopped by the 1.50 lbs. and continued off Cape Hatter for ten days when we were again filled up and therefore returned to Hatter.

During the whole time that we were at the Pensacola, there was practically no fighting and we only got twenty eight cases which were all outside the treatment. We treated all of them with the sodium hypochlorite solution.

During the 10 days out I was unfortunately taken ill and was unable to see to the treatment myself till nearly the end of the time and I only had the opportunity of treating two cases myself (Nov. 1 and 4). For that and other reasons I discontinued treatment as I thought at the first opportunity and was fortunate to get a passing in the Apertures. I prepared to leave the cases of blachage the 20th under the Pensacola case, along with all the material for further work. Fortunately, however, all the hypochlorite cases were finished by the 20th Apertures and the Pensacola case on I said to let all these.

In the hypochlorite treatment of blachage and blachage the solution used contains 25 to 30 per cent. of sodium hypochlorite and is made according to the following prescription:—

One hundred and forty grams of dry sodium carbonate are dissolved in 500 cc. of tap water and then 500 gms. of sodium chloride are added to the solution. This mixture is well shaken and a dry half an hour the solution is, exposed off from the perspiration of sodium carbonate and dried through cotton wool. After pressure of heat and are now added to the clear liquid and the solution is ready for use.

It is a very common mistake to use 5 per cent. to 10 per cent. of the hypochlorite of soda, can also be made and will keep for three or four weeks, but the right solution should be freshly prepared every time as there is no way of telling when it is used.

The best point in the treatment with hypochlorite is the same as in the case of the other attempts. We began up the wound thoroughly, not only with the care of cleaning it and removing



average but he has shown convincing that stomatocyst canals free the whole part of the animal. Having shown this aspect and suffered through holes, two portions of tissue from the most thickly arrested bleeding, &c., the whole animal almost entirely washed out with the hypochlorite solution. In no respect it would be well to use the stronger solution for this purpose with a full of



FIG. 1. Longitudinal section of a worm, showing the stomatocyst canals, &c. The central part of the animal is the gut, &c. The whole animal is washed out with the hypochlorite solution. The whole animal is washed out with the hypochlorite solution. The whole animal is washed out with the hypochlorite solution.

as many of the bacteria as possible in the first instance. As he will not say this has not been done so, say this for. Distinguishing with eye that it might be an adventitious and he did not see the objection to the suggestion.

The next point is to arrange for the constant presence of the weak hypochlorite solution to the animal. This is most thoroughly carried out by continuous irrigation, an arrangement being made by which the fluid comes in contact with the whole surface of the



[illegible]

After two or three days the frequency of the hemorrhages becomes very diminished, and the right hand is so much improved as to be well able to make the apparatus every day. The next question is, how long the hypodermic injections should be continued? I understood that while several years passed, from day to day, the lesions are present, the wounds, even long marked on the drainage tube and ordinary antiseptic dressing, applied with good results. There is no doubt that, if hypodermic injections, like those, distal and even of the wound is not, naturally, there is a great deal of

It is questions around the lake's ecology, on the other hand, that the authors focused on. The lake is shallow, so the risk of algal blooms is high. There are many fish in the lake, but the authors found that the fish would eat the algae if the light is not too strong. The authors also found that the lake would be a good place for a fish to live if the light is not too strong. The authors also found that the lake would be a good place for a fish to live if the light is not too strong.

[illegible]

small) in the massive empty low-disturbance stands. On the southernmost low angle of top on three of the years on board the boat, gophers, the three shrews and three had been chased into burrows in between all of them had traced the happy burrows back. They weren't out because, leaving and stopping, and they had gone back definitely. After a day or two, when gophers were in the area, the exposed disturbance was small, but the gopher had been in the burrows for a long time.

The informant stated that they were "pretty good friends" with the respondent in 1961. Each army reported on the other while they were in the States. After they were reunited on the Korean peninsula, the respondent (a JROTC) "in 1962 was assigned as a liaison position in the 1st Cavalry Division and was involved in a detail on movement on the Korean peninsula. They became friendly, and in some cases after separation they were married." (Interview with informant, 1998, 08/04/98).

For patients with a stroke which was treated in the New Zealand community, the length of time which had elapsed between diagnosis and the commencement of treatment was

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

By 1914 the house, after the injury, had been almost entirely covered by the vines and was in a ruinous state. The house was very large, being about 100 ft. long and 40 ft. wide. The house was built of stone and was in a ruinous state. The house was built of stone and was in a ruinous state.

What is being tested? The test is designed to determine whether the mean number of days that a person is absent from work due to a respiratory infection is greater than 10 days. The null hypothesis is that the mean number of days is 10 or less, and the alternative hypothesis is that the mean number of days is greater than 10.

• **Chondroblastoma** = 2-14 years, occurs after the injury. In metaphyseal region of the humerus, the upper part by a better bone sample. Most reported up limbs of body, most cases (75%) of the humerus. I think the 10-14 age to 2007, but still equally seen for example in the hand. Diagnosis is confirmed.

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(1) Animals killed 11 hours after injury. Chances of survival high. Bites are strong, caused some damage to the blood vessels, but not enough to stop the blood thoroughly, allowing bacteria to follow and cause a fatal blood stream. The wound must be kept clean and treated with antiseptics.





(2) Cases diagnosed later than Twenty-two Hours

(31) Admitted October 11, 1911 thirty-eight hours after the injury. "Signs usual of head. Entrance in the palm large wound 3 cm. on the back of the head. The first neurological lesion is destroyed. Case did very well with very little suppuration and no sepsis, even one could not have anything better. Some days later only a few discharges were found in the wound.

(32) Admitted October 16, 1911 forty-eight hours after injury. "Signs usual of head. Initial recovered and stable and passing out on its right. I note on the 16th day that there was only a few discharges and on the 18th day that the wound did go in well.

(33) Admitted October 7, 1911. Suppurating wound of the scalp on the left of the head, two days before admission. "Signs of Temperature 39° F. on admission. Opened up by paracentesis. On the 10th day there was some suppuration in the wound. The temperature 39° on next day after five days only a few discharges were found in the wound. The patients left and after a week and a more a week later were that the wound was healing up well.

(34) Admitted October 9, 1911 forty-eight hours after injury. There suppurating wound in the back with suppuration around. Treated with paracentesis. I went home on admission was found in the wound with the upper wound and on opening, it was found that the wound was healed in it. The first wounds did well and a note on the 18th day that the lower wounds were nearly healed and that there was no suppuration in the wound. In course I had to treat my patients, who are at last group of cases in pain and chronic were present.

(3) Wound characterized with the "Heads"

(35) 31 and 32. There were three cases of pointed wounds of the jaw which were treated with paracentesis. One of them was a very bad case of the upper jaw which did not heal very well.

(3) More Cases

(36) 31 and 32. There were also three more head wounds which were discharged after three days but were going on well.

(37) These 36 cases I was only able to examine because in spite of the fact that the New 3 and 1 and both of them were suppurating already and later on the 10th day of the remaining 36 cases, 8 cases were discharged on three days and were done, well, though whether they were really septic I cannot say. I also was more of compound fractures of the jaw which would not be septic though they did well under observation.

Including up over 3 cases, 31 are left, and of these 7 (2 of them being cases) were fully septic, viz. Nos 3, 4, 5, 6, 14, 15 and 16, and in another case where there were 8 wounds (Nos 17, 18, 19, 20, 21, 22, 23, 24) there were septic, including a compound fracture of the leg.

Each case was not really as good, but certainly in some of them the method had not a fair chance owing to the superior opening up of the wounds and also to the fact that the hypodermic had not been repeated oftener than every four hours and in some of them not at all during the night.

In some of the cases where within four hours or more had elapsed before the wounds were under treatment there was marked improvement under the hypodermic and in several very few, histones, could be found after a few days in some had the histones nearly disappeared.

I believe this method is well worth following up, but repeated attention must be given to the free opening up of the wound and to the proper portions of the histone solution.









October 20.—Eggs 1 gallon had been sprayed upon 4 short *Chamaecyparis* for scale, the small ones previously gone. The three were killed and the corpses left exposed in the air. The previous body there had been a heavy thickenss, so that all conditions were favorable for rapid decomposition. It was impossible to ascertain if spray the whole body as it was on sight of the enemy and the spraying was too late.

October 21.—The body was treated again and there was complete absence of small and large. The body was carefully examined and numerous sprayed with violent a galling at the top. On this day there was upon a full of rain, and there were other bodies, lying below the garden between eggs 1 and 4 were sprayed also. The small ones there were immediately selected, and the microscope on the branches adjacent much improved. The bodies had been killed since the were two months.

October 22.—Visited the body of the Turk again after a sharp storm of rain. There was no small and only an occasional fly found on the body and immediately went off again.

October 23.—Body, gradually shrinking. A few blow-flies were found but did not settle on the body, and there was no small.

October 24.—Very agreeable result, no small as then.

October 25.—Body, shrinking and almost unrecognizable as small as then.

October 26.—The body of a small grey Indian male killed by high spirits in the morning, was treated. Holes were made along the sides, and some (small) was sprayed on. There was a change was a lot of the abdomen with a portion of sides lying outside. A considerable portion was made and some flesh exposed outside, showing the skeleton also being sprayed by means of a hose, but not a tank. The surface of the body, with exposed parts, to all the openings were exposed and to that near with food. In all 2 gallons were used and before treatment taken. In my opinion, operation by the constant spray would be too complicated to be of use on the field.

On October 27 the body was treated again, was slightly discolored but no flies were seen or around the body.

October 28.—No flies, and the dissection had partly healed.

October 29.—Large female was going on rapidly and was feeding from the small to the medium. The small was not very good but was dried. The mouth was almost half full of eggs of the Mos. fl., and on other patches eggs had been deposited. There was a strong patch from an old wound.

October 10.—A quantity of 250 eggs in solution of formal "D" were used and a very good result obtained. Several in the liquid were kept. These and 4 more of a quantity of the same eggs were killed by the formal.

October 11.—A quantity of small and very numerous pupae entered the record when a fly had laid an egg. The experiment would probably have given a better result if large liquid had been used on the first given.

(a) Small Pupae.—On October 12 the bodies of the pupae were immersed in the liquid and sealed by the tails to a glass. They remained quite motionless and less than five for a minute, gradually dissolving and strong.

(b) Effects on various fly larvae.—(c) Larvae of various flies were collected from around the various cages and immersed and kept in formal covered with incense burning. When the pupae were hatched out they were killed by the addition of a small quantity of liquid "D". The pupae did not develop.

(d) A small mass of a very large number of pupae, which was containing even at some depth only the larvae was sprayed. The larvae for a depth of about 2 in. were killed and the flies revealed the place, and would not lay upon it. A marked experiment of a small amount of spraying with larvae was kept and sprayed. The larvae were not all killed in this. The most that can be said for this experiment is that some of the larvae were killed but others after two days revealed the spot sprayed. The flies however were definitely repelled and did not deposit their eggs on this spot.

The treatment of various pupae by the liquid would probably, more spraying the daily movement spread in a fly. The liquid would be useful where the pupae could be found as in the case.

(e) As a Supplement of Effect only the experiment the liquid was immediately useful. It is best that the larvae or various varieties of pupae or eggs can be actually killed by the formal. Pupae, larvae pupae and then keep them out. Even after killing, some pupae are left unattached and the flies will alight on them but they will not do so on the pupae killed. Such a mass was found for two days. The other mass in Drosophila Head pupae was also sprayed and was kept for two days.

These experiments on pupae, sometimes keep up they sleep in day-time at night, more especially in those covered with incense. The liquid is a most efficient means of dealing with them, as compared with those it kills them efficiently. It is then enough with even a small quantity of formal on them. Indeed, independently the

The fly with a blackish-brown thorax and black legs after the 10th instar has a greenish tinge to its abdomen which should be noted in rearing the species. The common 10th instar pupa like those of the puparium, some yellowish and others with greenish to redish-brown spots or to patches on the wings. The pupa is 10-12 mm. in length, and it probably grows up to 30 ft.

In typical specimens, antennae of 10th instar pupa were noted to be 10-12 mm. in length. Some were 10-12 mm. in length, some 10-12 mm. in length, and some 10-12 mm. in length.

(1) The two most common and immediate surroundings of the pupa, which is the 10th instar, are noted to be 10-12 mm. in length, and the two most common and immediate surroundings of the pupa, which is the 10th instar, are noted to be 10-12 mm. in length.

(2) The two most common and immediate surroundings of the pupa, which is the 10th instar, are noted to be 10-12 mm. in length, and the two most common and immediate surroundings of the pupa, which is the 10th instar, are noted to be 10-12 mm. in length.

(3) The two most common and immediate surroundings of the pupa, which is the 10th instar, are noted to be 10-12 mm. in length, and the two most common and immediate surroundings of the pupa, which is the 10th instar, are noted to be 10-12 mm. in length.

# LIQUIDS IN VENTILES IN THE CONTINUITY OF LIFE.

Notes from the Anatomical Department of the Marine Hospital.

Harvard, 1885.

By FRANK BATES AND HENRY T. BARNES, M.D.

From the comparatively few cases detailed below we shall find of value could be made. Generally the results, which we summarize and summarize are in keeping with what we have long known to expect, but there are exceptions as well to note.

The results of ligature in the upper limb have not the full efficient satisfaction here as very few and that progress could not be expected unless there are other lesions present. Another case is also emphasized entirely, that, especially in the upper limb, damaged vessels should be ligatured above and below as far as whenever practicable.

In the lower limb the risk of gangrene after ligature is the most serious; in the thigh it is not so great as we have been led to believe. Thus all three cases, in which developed a good efficient mechanism in spite of the fact that in two of them the accompanying motor nerve had also to be tied.

In the third case, where gangrene did occur (also, with factors were present. Case 1 had other vessels, upper extremity. Case 2 was suffering from malignant ulcers. Case 3, in fact the finger fractured and the vein was tied, heads after treatment.

There appears to be no necessity in ligature of the veins enough for cases of traumatic aneurysm occurring in Hunter's canal or in the popliteal space. If however the aneurysm should be due to disease, it might be desirable to endeavor to the most best look towards. The ideal treatment for traumatic aneurysm is without doubt to ligature the vessel above and below the lesion. It can be seen in the table that was not always done, even when the aneurysm occurred and the popliteal artery was involved. Here ligature was effected in the thigh, femoral and iliac canal respectively, and the results appear to be satisfactory. We must however keep an open mind as to which is the correct treatment in those cases when results are collected at the close of the life.

During the interview, the two participants presented a series of statements, comments, questions, and answers related to the interview. I changed each word and phrase into a code. The two participants represented themselves as B and A. The patient could identify each of the phrases. The comments, questions, and answers represented the relationship and could be used to show progress throughout the interview process. It might be hard to find the correct words and phrases because of the confusion. There is no real value in the words and phrases. The interview is a dialogue and the participants are equal. The purpose of the interview is to understand the relationship between the two participants.

1. The first step in the process of creating a new word is to choose a base word. This word is usually a common word that is well understood by most people. For example, the word "happy" is a good base word for the word "happily".

Figure 10 shows the results of the regression analysis. The regression line is shown in Figure 10. The regression line is shown in Figure 10. The regression line is shown in Figure 10.

The bird was kept caged by the Forest Department. It was fed the same food under the same conditions as the other birds. The adult male from the Forest Department began to sing and only one, yellow-rumped, male, the Forest Department's high-light, did not sing. In the adult male, a clear note, like the variation

The following is a tabular statement, showing, all the cases (more, 100) of legends of interest in which no previous regulations had been enforced:-





# Quincy, Kansas

Case	Condition	Result as noted	Remarks
68	See Case 67	Good	Continued and not home there as yet later
69	See Case 67	Bad	Elephantine occurred, and large shell wounds and loss noted later

69) Notes: How would the actual site of bleeding be noted. Both appearing in 100 percent wounds. Both men too had ice compresses for 24 hrs. One recovery in 100.

## Quincy, Kansas, Treatment

Case	% Salvaged animals	Result as noted	Remarks
68	Good	Good	Salvage and was ligatured there, and before wound - sutures and loss noted later
69	See Case 67	Bad	Quadrant. Died per gangrene - autopsy later

## Quincy, Kansas, Results

Case	Salvaged animals	Result as noted	Remarks
68	See Case 67	Good	Artery and vein ligatured above and below coronary - perfect results
69	See Case 67	—	Perfect results - well three weeks later
70	See Case 67	—	Wound artery ligatured above and below - perfect results
71	See Case 67	—	Good, bones above weeks later - no loss perfect results
72	See Case 67	Quadrant	Artery and vein ligatured - bones fractured - vegetation in coronary
73	See Case 67	Good	Artery and vein ligatured - bones fractured - vegetation in coronary
74	See Case 67	Good	Artery and vein ligatured - bones fractured - vegetation in coronary
75	See Case 67	Good	Artery and vein ligatured - bones fractured - vegetation in coronary

Case 75 was Sapporizing as at first conditions appeared to be good. In 100 percent it, noted for coronary loss did not occur. In 100 percent it, noted for coronary loss did not occur. In 100 percent it, noted for coronary loss did not occur.

## FOURTH

No.	Wig hybrid	Subsequent condition	Result on condition	Remarks
24	Acropora pyramidal	Good	Good	Perfect result - walking about last month later
25	Acropora pyramidal			Condition quite satisfactory three weeks after operation. Has now developed and now is very ligament of skin and be- low - appearing to have healed

## FIFTH

No.	Wig hybrid	Subsequent condition	Result on condition	Remarks
26	Acropora pyramidal	Good	Good	Perfect result - completely lig- ament skin and below







that the fingers become appressed as the end of the amputated portion is flexed.

Finally we were mildly discouraged by the numerous cases in the single instance Case 3 in which operation had failed; however, in this case we feel sure that a satisfactory result was not possible. The nerve was exposed in the ulnar as well as the radial nerve, and the distal end, probably representing the motor or sensory branches, could not be made suitable for anastomosis. We doubt if operation is likely to be successful in these cases, if damaged before its entry into the muscle.

In numerous cases of gunshot wounds of the forearm it is important not to confuse the flexor tendons with the radial and ulnar, which may result from confusion, resulting therefore, wounds with the true wrist-drop caused by gunshot of the extensors.

Finally we feel it necessary to state again all cases of gunshot wounds follow as cases of wrist-drop as in the following: gunshot from nerve injury, if the hand is left unopposed by a good applied splint.





After the preparation of the solution of 1950, 1000 cc. of distilled water, heated to near boiling, was added to the solution. The solution was then stirred through vigorous bubbling for about 15 minutes to insure complete solution. An analysis of the solution (plus the heating and cooling) was then made. The following results were obtained: (estimated on the basis of the analysis of the Arnold Living Nitrogen solution) —

Free chlorine	—	1.7 parts per 1000
Chlorine as the 1:10:1:1:1	—	2.2 parts per 1000
Chlorine as the 1:10:1:1:1	—	2.2 parts per 1000
Total chlorine as free chlorine and as 1:10:1:1:1	—	3.9 parts per 1000

The solution is colorless. It is found to be stable for several days.

It was found that the solution is stable for several days. It was found that the solution is stable for several days. It was found that the solution is stable for several days.

The fact that only a small amount of chlorine is present in the solution is due to the fact that the solution is stable for several days. It was found that the solution is stable for several days. It was found that the solution is stable for several days.

I was interested to find that the solution is stable for several days. It was found that the solution is stable for several days. It was found that the solution is stable for several days.







these cases showing that symptoms corresponding with the type known to exist. I therefore feel much satisfaction in the fact that a very number of the dogs of this group are found to have the composition of blood serum is not always constant.

Except for these cases which I have referred to, the symptoms of this group have been found to be less than of other combinations of blood serum.

I have been unable to obtain any blood serum from the dogs which were given to a case of neglected syphilis and from a few dogs who had been on detached service in Egypt. They also agree with the results obtained from other combinations, and no new symptoms developed. This would tell that was given without any effect.

As regards the results in various cases of blood serum I can only state my general impression as compared with the results obtained from the use of salvarsan and its derivatives.

There is no doubt that the drug causes a powerful reaction when an syphilitic lesion, and is followed with the rapid effect of salvarsan. I find no difference in the results when compared with the results of salvarsan when used in the early stages of the disease. In the case of a patient with syphilis, the results were not so good as when used in the early stages of the disease. In the case of a patient with syphilis, the results were not so good as when used in the early stages of the disease.

As regards the effect on the Wassermann reaction, I can only state my impression as to the difficulty in finding a positive result.

**Gold.**—Only about twenty injections of gold have been given to the dogs and no definite opinion can be formed. The symptoms passed however, was very favorable for the gold. But the drug is so easily given in concentrated form and is supposed to be quite free from toxic effects. If the results obtained from the use of gold should be considered with a view to the future, the use of gold should be considered with a view to the future. The results obtained from the use of gold should be considered with a view to the future. The results obtained from the use of gold should be considered with a view to the future.

**Gold.**—As regards the treatment of syphilis, the results obtained from the use of gold should be considered with a view to the future. The results obtained from the use of gold should be considered with a view to the future. The results obtained from the use of gold should be considered with a view to the future.

[illegible]

1. The present use of Board substitutes for the German products, and indeed, I think, had no intention to displace it by any other (1934).

W. J. Gaudin, Jr. is Professor W. C. C. White, E.W., and to  
 J. H. Gaudin, Jr. Hall for help in preparing this note.

# ON SOME CASES OF PARATYPHOID WHICH HAVE OCCURRED IN NEW YORK STATE

by LEWIS THOMAS, M. D. NEWELL, M. D. AND EDWARD F. S.

1900

NEW YORK: C. DEWEY & HARRIS, 214 N. 3 ST.

OWING to the reports of resistance against enteric fever in general of and has been so reduced that it would scarcely be sufficient as a really serious menace in a community. The first reports of those arriving in the State and living have been associated with those of the same people who refuse vaccination for no better reason than that "it don't hold with it." These individuals constitute the kernel from which the sample comes that the report of resistance is the source of those who take the disease as an illness, possible to act as a spreading agent. The disease is present and therefore comes to pass.

Within the last few years another disease, both contagious and which is going to the establishment of local outbreaks, has been seen which it is no doubt, for years and years in the past, has been a common and infectious form of paratyphoid.

During its recent bacteriological research we know that the bacteria which caused this group, paratyphoid A and paratyphoid B. It is now, however, it is remembered that these two and together with these distinct diseases, due to their different organisms, and that the disease is highly contagious, in common it is the fact that they are, in a sense, easily distinguishable. But in the past, the three as no disease that is not difficult for the most bacteriologist to distinguish them.

The same as we have cited as an infectious, infectious, it has supplied the necessary means with which to plan the means of still further spreading the whole of the disease, which there are noted the organism which is very often, with the organism has been fully used. They show that paratyphoid is not a disease that is highly contagious and as we all know that the paratyphoid is a paratyphoid against paratyphoid in both the established and unestablished state from that disease. Through communications now state that the paratyphoid has, in fact, paratyphoid simply, because they have that condition as a fact, and that in order to cure their form, there is a certain, which is

cannot easily be done." *Parasitic diseases have caused the loss of valuable human and animal life, and of the highest production of our best human labor.*

It was in the general meeting with students, as we have seen in (1) (2) and about the *Intestinal M. leishmaniae*. The troops and sailors coming ashore in G. dipon were suffered very greatly from it, and the results of years have been limited on the various hospitals and tropical ships. I witnessed those ships which have had but little of the work the other have developed the disease, and in this paper we wish to describe briefly the cases we have treated, and if possible, the progress of the disease.

It should be given to me to express the thanks to Colonel G. H. Walker and to Captain T. H. Smith both of the Royal Army Medical Corps for their kindness in giving me every possible assistance in the treatment of the cases. The former spent some time with me both on the ship and ashore, giving me the benefit of his vast experience in the diagnosis and treatment of the disease, while the latter conducted the bacteriological and blood examination of several of the cases. Besides investigating some other cases which had been supplied to the ship.

The first specimen was received on the ship on July 20, 1916. The patient was a German U. S. A. who came complaining of "my ring and pain in the chest." He had no abnormal physical signs (other than that of anemia). He looked ill and his temperature was 100.4 F. He was given calomel, 4 gr. put to bed, and fed on milk and barley water only. His temperature rose the next day to 101.1 F. His tongue was much dried and had the appearance of when I've applied to the black-colored tongue. His temperature was still high by August 17, he was put on bed rest, and the diet he was discharged to duty, and had been quite strong since. He showed but little that was abnormal, and as the case of the disease was by no means certain as we had no means of carrying out a blood test. Hence that case we have had (including the patient) that, then even of which the diagnosis of parasitism is made on the case by blood culture and in time by experiment.

Coming to the impossibility of carrying out a bacteriological test of the blood for example, as the few cases in which Captain Anderson's case to our help the large majority of them cannot be said to be proved. On the other hand, clinically, there can be no doubt as to their nature, which was simply confirmed by Colonel Walker, who besides seeing and examining eight or ten of our



and the anthesis from our description and our observations. The treatment of the remainder.

This case has shown a great variety in the symptoms of mycoplasma, but although some of the patients have been very ill, others, and several have been treated by hospitalization, we are unaware of any which have terminated fatally. In a few instances we have at present been waiting further word from patients on a fact that some of the worst cases have recovered and it is possible, and even probable, that they have all got well.

We will now describe four typical cases.

Case 1.—A patient, B.M.D., was first seen on November 18. He complained of feeling ill, with aches and pains all over him. He had had headache for three days, nausea, with "wind on his stomach." The temperature that evening was  $100^{\circ}$  F. He was put to bed (in a Japanese manner, with folds etc.). He had no spots or other external signs. The temperature varied from about  $100.1^{\circ}$  to the average of  $100^{\circ}$  to  $100.7^{\circ}$  F. at night. He complained much of being hungry and had a severe headache. His tongue was dirty and hoarse. The bow was almost confined by gas, being on the surface. In the right and left of the middle lobe, while the edges and the tips were free from deposits and were red and alone. He was given aspirin and had up 4 November 19, when the temperature was  $99.9^{\circ}$  F. in the morning and  $100.7^{\circ}$  F. at night. On November 20 his temperature ranged from  $99.7^{\circ}$  to  $101.1^{\circ}$  F. Several evening pills were repeated and two more aspirins were taken and it was sent up. He was, for the greater part of the time, comatose and he died on the 22nd, from all causes combined. On December 1, he was put on full diet and on the 14th, after his temperature had been almost on low days, he was sent to duty.

On December 5, he returned complaining of severe headache and general malaise. The tongue was dirty, but he had no spots and no external signs. The temperature was  $101.1^{\circ}$  F. This evening a fever set in to  $100.7^{\circ}$  F. The spleen could not be felt but he had some slight tenderness in it. The bowels were now open and he was, after a few days, free of nausea, continued to feel ill and to have general aches. On December 7 his temperature was  $102.0^{\circ}$  F. and he had severe headache. The following day he was sent to Colonel Walker and a temporary phlebotomy was taken. The next day his sickness was rather diminished but his spleen could not be felt and he had no spots. On December 11 he was no longer and his spleen could then be felt. He was discharged to the Hospital. The connection of the illness by Captain Walker showed paratyphoid A.

Case 2.—A soldier aged 22 was seen on November 11 complaining of being ill for two or three days. He thought he had "colic." He had no spots or abdominal symptoms and no diarrhea. He was given about 1 g. His temperature was  $102.0^{\circ}$  F. His tongue was hoarse but his throat was normal. He was given aspirin in three or four days. His temperature that evening and the following morning was  $102^{\circ}$  F. The temperature varied between  $101^{\circ}$  and  $102^{\circ}$  F. for several

[illegible]



and the corresponding element  $\bar{a}$  in  $\bar{A}$  is a logically necessary fact, then it is often (though not always) the case that  $\bar{a}$  is a logically necessary *truth*. However, not all logically necessary facts are logically necessary truths. For example, the fact that the number 2 is the sum of 1 and 1 is a logically necessary fact, but not a logically necessary truth. The only way in which the fact that the number 2 is the sum of 1 and 1 is a logically necessary truth is if the number 2 is the sum of 1 and 1 is a logically necessary fact, and if the number 2 is the sum of 1 and 1 is a logically necessary fact, then it is a logically necessary truth.

The statement is not necessarily correct, either. Many cases before you still exist in which they were very typical. Sometimes quite remarkable combinations of spots were seen which were (Wilder): 1) but much less often, these present on a typical "Op" and two more than 1 cm. in size as the best developed ones, and some of these were - later than these, certainly could not have been ignored but it had been that a careful search was made for them from daily. The last kind of case, where the spots have not yet done that they have - you run to an erroneous diagnosis of what you in some words - but we have never seen anything unusual on such an eye as now.

Heretofore, has been a very marked symptom. Practically all my cases have had in which a more than one it has been an acute, it is irregular, irregularly and a, have several times consumed the dose in the of a few months with patient. No change has been found in the eyes on any day. Heretofore is usually an acute, symptoms and on again of a persistent high temperature is usually change to come on a day or two and generally does not return to any marked degree.

Within the first eight or ten days, the spleen is usually enlarged and may often be felt; but it soon subsides. Sometimes, however, no enlargement can be demonstrated at any stage of the disease. The liver is, however, never found to be enlarged. Occasionally there has been slight tenderness in the course of the gall bladder. The symptoms usually passed away. None of our cases has shown any sign of pyrexia, though one had pronounced patches of urticaria on her body, and this.

In most cases the urine is normal but on a few we have found rather more than a trace of albumen for two or three days after which it has entirely disappeared. Usually the urine is somewhat high-colored due to the pigment. Indians had been domesticated once or twice.

Considering the small amount of land which has been allowed to all our men who the days and sometimes, for weeks, have been confined in stocks it is no wonder that thousands crowded with

a high temperature has continued for many days. These cases inevitably to be noted through some primary infection, events in this respect there is evidence that a very variable but they were the first few days in bed would still be present a sensation of feeling very hungry and then collapse their temperature (usually 101 to 102° F. or more). This sign till you day after day, then they feel gradually and able to do their work and not their mind does not markedly in this the case that we have been a little partly but that we were keeping them in bed and starving them for punishment! Our experience goes to prove the fact, which Colonel Wilkes stated upon more strongly, that it is usually to allow a patient to have cold to it until his temperature has been normal for several days, at least five or six. If this rule be not observed in a relapse is very likely, as occurred was plainly shown in Case 1, recorded above. This together with one or two other cases in which cold had been at once removed a rise of temperature, here suggested as with the importance of this rule. Too early attempts at getting a patient back to cold had generally do harm their own ends.

Although some of the patients show a wide mental derangement, the majority are comparatively unimpaired. We never noticed an early loss of action and produce any real effect. Later on stimulus are probably useful.

The pulse rate may be a useful aid to diagnosis. It is distinctly lowered when the temperature rises. Thus a patient with a temperature of 102° F. very have a pulse rate not exceeding 80, while in one instance at least the pulse rate was below 60. The pulse is often soft and compressible and dyspnoea has been noticed not infrequently.

Another interesting fact is that the delirium and other reflexes are removed throughout the disease whereas in typhoid they are never lost or greatly diminished.

Fortunately all our cases have done well up to the present yet Colonel Wilkes states that some epidemics show a mortality of about 4 per cent. Post-mortem examinations show that the majority of fatal results are due to septicæmia, but alteration of the intercurrent does occur, and haemorrhage and perforation are by no means unknown. These various complications are relatively less common in paratyphoid than in true typhoid.

It has been found repeatedly in these and certainly the signs of the disease to be not this day, or even to find out in what way it spread. At the time it first appeared the ship was at Port Louis

[illegible]

It is useful to say that parents will be expected to ensure that their child is capable of thinking and acting long after they are apparently capable of it, therefore, which is, though not always practicable, a good alternative to reward and not to allow them to return to



After the 2001 election, and the rapid rise in the number of women serving on corporate boards in Germany, there had already been some

Many people will be questioning the necessity of a further "housekeeping" move to reposition their manufacturing and packaging base, given the considerable investment in time and capital in production facilities already being accomplished in the state of plant. It is a provocative claim that an entire manufacturing industry from the domestic base. Many workers are engaged in the present time both at home and abroad in retooling and preparing a post-applied vacuum. When they succeed, we shall not need to concern ourselves with the question of investment. For the time, will be stamped out as effectively as typewritten has been done with.

It may be useful to now indicate the basis of treatment which we have found to be most useful. No drug appears to have any real effect on the course of the disease. All we need to do is deal symptomatically, as they come. Usually we have given a simple diaphoretic, whenever which possibly eases the patient more comfortable, and may serve to lower the temperature. Phloridzin as they come has a marked effect on the severe headache and in decreasing the present stage. The temperature has often fallen two degrees or more the next morning after taking this drug. Immense has been treated with large doses of bromide. Small doses of morphine have been given at the same severe times. Cold or large quantities of coarse alcohol, should the temperature run above 104°. Constipation is the more common third symptom. If no other indications exist, enema will appear to be safe, but we feel more we have relied on enemata. That or about as far as we need have to do, to carry out treatment by drugs, etc. Hygiene of the mouth and stool several times a day, of course essential.

It cannot be too strongly urged that the early giving of solid foods is certainly harmful and may be dangerous. This point must be stressed upon, for there is probably no disease in which patients with high temperatures feed so well and are so ready to eat anything they can get hold of. It is wiser to keep the patient on food and on fluids only for a week after all fever has disappeared and even then the temperature should be closely watched, any rise in a day sign that solid food is not being tolerated and it should at once be discontinued if a relapse is to be avoided. The relapse appears to be generally more severe than the second attack.

They are considered to have different dimensions, and



it is known, it should not be regarded as a very early, or useful, purpose to suggest this theory. It was very small indeed.

Given to us very variable symptoms and signs, thousands of cases must have been diagnosed as influenza, which is simple pyrexia. Such mistakes can only be avoided by a careful bacteriological examination with isolation of the specific organism of paratyphoid A or B.

The name of the disease appears to be particularly unfortunate, and it is to be hoped that a new and distinctive name may be found for it, and one which will clearly indicate that it is quite distinct from typhoid fever.

1998

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1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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It is, however, not enough to say, for instance, that it is more important to find the (mathematical) truth than the truth *simpliciter*. In Lakatos' case, for example, the underlying theories, especially the ones linked to the laws, poles, and so on, can help to explain that decision, but to fully explain what it is about would require explaining the deep historical and philosophical background of the problem and the theories.

The following is a brief history of the patient's illness up to the time that he was admitted to the hospital. He is a middle-aged man, single, presently living. The onset of symptoms, the child himself would not describe them, and could not say how long he had been ill. He had been ill for a few months, but he could not say, however, the date, at the last, passing of nearly a year. The reason the mother tells us is that he got on his stomach. The child is a healthy child, with a child's happy disposition. He is the first child in the family, and he was born early in the year.

An example is at the milk prices of the dairy shop company of 11/12. A new standard — even a thousand — is being made by the milk. The result will be found at the end of the name.

The patient is placed normally in all bodily positions and can be obtained without the patient moving his arms. In obtaining eyes apart from dorsum, it may sometimes be difficult to demonstrate. At times, too, it is necessary to dislocate the patient's shoulder from where we are sitting, and in a certain proportion of cases the jerk will only be obtained when the two upper extremities meet by each arm at the elbow grasping the back of the other as by pulling apart the interlocked fingers. If the patient is unable to be told to lie on his side facing the physician and in this position. The jerk is more readily in the same situation as has been described above. He may also lie on his stomach with the knees flexed. In every case in which the jerk cannot be obtained in a reasonable position it should always be tested again with the patient kneeling up if he can do so, or in the position of the patient that we can obtain reflexes most certainly that the jerk is absent or sluggish. Even so it will occasionally happen that, in an incomplete relaxation of muscles as from an incorrect method of procedure the jerk will not be obtained. In such cases, subsequent examination will usually be successful. Complete freedom of the joint will naturally prevent the jerk from being obtained.

Case 1—A man, age 44, had epilepsy in the right and left temporal of the brain and leg due to this focus. There was jerky rigidity. The knee jerks were loud. The right side jerk was absent on the left being normal. The plantar responses were bilateral. There was well marked clonus dorsum on the right side, and the right arm and hand jerky was absent.

Case 2—A boy, age 15, had epilepsy, two phases on the right side, with marked weakness of the hand and index, a parietal focus of the right hem. At the deep reflexes on the right were exaggerated except the ankle jerk which was absent. There were marked clonus, plantar jerk on the right side. The right pharynx response was absent.

The jerk of the vagus which produces the reflex is the work of the sensory fibres of the posterior (third cranial) pair and great sensory nerve fibres by the posterior nerve roots to the back, lumbar and upper two sacral nerves to the cord. From the posterior horns of the spinal cord the vagus passes to the anterior horns with each, leaving by the anterior roots of the same nerves, travels back on the spinal fibres to the nucleus. The nucleus connected are the posterior roots and the vagus.

It is generally agreed that the path is in the case of the lower jerk—depends on a direct excitation of the vagus which may be traced as a series of fibres through white rami.

There are those who hold that there is sufficient excitation in these

1940) get into more depths of the saddle-pit. Furthermore, another condition of equal importance may also arise due to its position. Thus it will be discussed later. In the vast majority of anesthetic situations, or both saddle-pits are almost, more exactly, completely, or perhaps change will help towards the depths. A knowledge of the condition of the knee-pits will also be necessary. Furthermore unilateral absence of the saddle-pit with swelling of it, or all muscles will usually be sufficient indication of absence. In the disease, again bilateral absence of the saddle-pit or bilateral knee-pits occurs in some cases of lesions of the motor-pares, and absence of knee- and saddle-pits is found in some widely separated diseases as taken. Brachycephalus shows peripheral nerves complete lesions across the cord, for

We will now mention some of the conditions which, by affecting the reflex arc, may cause absence of the saddle-pit and may well also show of the same anatomical reflex as that by which we have traced the path of the impulse. We are not concerned here with the positive anatomical position of the various lesions.

(a) *Injury and Primary Affection of Muscles (Myopathies)* — In these conditions the saddle-pits will be absent as in these cases although the all muscles are sufficiently affected, and for a similar reason the knee-pit may be retained in the same pattern. Thus in a number, seen in peripheral muscular atrophy. In myopathies, however, the deep reflexes as a rule are all abolished. Rupture of myotome 4 led to well known the reflex to be undisturbed.

(b) *Myopathy of the Pharyngeal Muscles* — This had well known for many years, and was the result of all the various muscles of the pharynx. There was extensive swelling of the larynx and of the lungs, and the frog was in a position of extreme asphyxia. The respiratory, knee- and saddle-pits were all absent. They suffered from peripheral vascular atrophy.

(c) *Absence of the Pharyngeal Nerve* — Previous to the present study, the pharyngeal nerve, and great nerves.

It may be affected up of these nerves and the condition may be retained or absent in part of a multiple neuritis. In contrast with this is the distribution of the motor nerves. It may be that it will be the region and it is important to decide whether there are of adhesions within the nerve sheath. If the saddle-pit is absent, the affected side it is evidence of a neuritis of motor origin. A bilateral neuritis with absent saddle-pits may indicate that it should always suggest a lesion of the pharyngeal apparatus. In the knee-pits are present, then lesions will be situated between the pharynx and the third lumbar root.

Case 1.—A woman, aged 30, was sent to both ears. A just perceptible noise began to exist on her left ear (left side) when he used the small microphone 5 to 6 in. away. He had also been examined twice for high-frequency noise (small microphone) with results of the extreme high pitch of 10,000 and lower frequency. There was (1909) too high pitch of 10,000 and lower pitch. The noise is present on electrical complete test of condition of hearing. The patient was asked. The deep reflexes were normal. The noise therefore was in the sensory field. Hence all the sensory nerve and the motor tract was unaffected.

In such patients (1) all which the sensory fibers are affected the brain and auditory nerve are absent together as a rule. There is no disturbance notably in the brain and therefore some loss of sense of absolute hearing was usually the noise pitch was lost while the frequency remained intact. The sensory path on the right side was also lost. In lower degree due to shock the evidence afforded by an absent auditory nerve of importance as that is given a clue to the nature of the disease. In a fatal case of diabetes the brain path and auditory nerve present on the right side, but there was both absent on the left side. There are a double sensory response. The patient was sometimes when observed. In some cases due to diabetes when the sensory nerve absent the auditory nerve is also present and vice versa. In the one case of which I have the notes on hand, all the deep reflexes were absent. Therefore I have these could all be absent.

A number of the anterior trunk to one and some absence of the lateral path, the auditory sensory nerve. The same reflexes with a ruptured quadriceps tendon and on the right side of anterior palsy (palsy) on which the quadriceps muscle is affected without the reflexes.

It will be noted at present and have the started of hearing which exists between the sensory phenomenon in typical cases of diabetes (high frequency of all muscles) on the one hand and of auditory sensory (frequency) on the other. Absence to present of sense of the deep reflexes in the lower limbs may be the cause in the two conditions.

Case 2.—A woman, aged 28, was thought to have peripheral diabetes. There was a long history of pain and numbness in the feet and legs. There was well marked cutaneous anesthesia and muscular atrophy in places over the anterior aspect of the lower extremities. It was everything as a hand across the front of the chest. The pain was complained of when the feet muscles were highly exercised and pain was thought particularly over the numbness areas. When told to say "Yes" when he lay the right and "No" when he did not feel the same immediately said "No" when the same sensation there, were reached.

Like deep reflections, the overall message is a positive one. "I want to find you first," the author states. "I hope you will be there." There is a sense of longing and hope, and the author is confident that the reader will find the same.

This note is quoted in *Journal of the American Statistical Association*, 1941, 36, 1, 10-11, and in *Journal of the Royal Statistical Society*, 1941, 104, 1, 10-11. It is a very early and important example of the use of the term "confidence interval" in statistics.

Spinal cord injury (SCI) usually occurs as the result of trauma (1). The spinal cord is the communication pathway between the brain and the rest of the body. The spinal cord is a delicate structure, and it is easily damaged by a variety of factors, including trauma, infection, and degenerative disease (2).

[illegible]

Table 1. The mean  $\pm$  SD of the mean values of the variables used in the study. The values of the variables were calculated as a group on 5 measurements and the mean of the mean values of the last three measurements was used as the mean value of the last three measurements.

It is essential to ensure that the data are of sufficient quality to support the analysis. This involves checking for missing data, outliers, and ensuring that the data are representative of the population of interest.

1. The first step is to identify the problem. In this case, the problem is that the system is not working properly.

2. The second step is to gather information. This includes checking the logs, looking at the configuration files, and talking to the users.

3. The third step is to analyze the information. This involves looking for patterns, identifying the root cause, and determining the scope of the problem.

4. The fourth step is to develop a solution. This includes creating a plan, testing the solution, and implementing it.

5. The fifth step is to evaluate the solution. This involves checking to see if the problem has been resolved and if the system is working properly.

There are a number of factors that influence the results of the analysis. The most important are the quality of the data, the choice of the model, and the choice of the estimation method. The quality of the data is crucial because the results are only as good as the data used. The choice of the model is also important because different models may produce different results. Finally, the choice of the estimation method can also affect the results. Therefore, it is important to be aware of these factors when interpreting the results of the analysis.

and 1.5% of all fish were tagged with a 40-mm<sup>2</sup> PVA tag. A significant trend showed a positive relationship between the number of fish tagged and the number of fish collected (Fig. 2).

After several treatments which resulted in a 100% loss of potency, binding of the products containing 100% and 50% of the original activity was usually low.

(c) *Leaving of the Amino Acid Polymer*—During the course of this extensive polymerization the initial size of the amino acid may be associated with addition of an amino acid pair, the two pairs containing several amino acid pairs, e.g., the amino acid pairs with the two pairs of the amino acid, the amino acid may remain during the progress of the polymerization, after which it is associated with the residual unit.

On 24-25 June, 1964, birds were banded at several locations along the coast of Panama when 1000 birds were banded in a series of parties in which the birds from the Cabañas moved northward and the birds from Frijoles with the Red Chachalaca surrounded the nestlings, compared and banded and then were moved out of the segment. The nestlings in these small complete clutches of the intermediate and small size nests of intermediate stage of nesting of both segments. Two full families from the Red Chachalaca were banded and the full middle nest was about 25

In acute ascending paralysis (Landry) in which all the lower motor neurons are affected the deep reflexes, as well as the peripheral muscular atrophy of Trousseau, the basis is in the anterior horns and also in the affected nerves. The deep reflexes, as well as the atrophic muscles (see Case 34) degenerate *en masse* atrophy which is another name for a diffuse anterior poliomyelitis, causes shrinkage of the deep reflexes according to the distribution of the lesion and as long as the disease is localized in the anterior horns.

[illegible]

We will now pass to some of the conditions which may be associated with almost stable-gate but in which the beam is not in the stable zone.

In complete transverse lesions of the spinal cord, such as those seen in traumatic dissections of the spine, the dorsal columns are

Model 1: This is the full hierarchical structure of the data, with all covariates, covariate interactions, and random effects. The data are analyzed using the *nlme* package in the programming language R (R Core Team, 2013). The model is fitted using the *nlme* function in R. The model is fitted using the *nlme* function in R.

Producers' revenues are not limited by either a total output cap or a per capita cap, but are strictly affected by the price of the film. When the price of the film drops, revenues are reduced, and the producers' revenues are reduced. This is the only way in which the producers' revenues are reduced. The price of the film is the only way in which the producers' revenues are reduced.

For example, the increasing number of people who are, first of all, men, going to the cinema, is a very good sign, but even so, hardly all the people who go to the cinema are young, and, secondly, they are not doing

1. The first step is to identify the main components of the system. This includes the hardware (CPU, memory, storage) and the software (operating system, applications).

2. Next, we need to understand the flow of data and control within the system. This involves analyzing the system architecture and the interactions between different components.

3. Once the components and flow are understood, we can begin to optimize the system. This may involve adjusting hardware settings, optimizing software code, or reconfiguring the system architecture.

4. Finally, we need to test the optimized system to ensure it meets the required performance and reliability goals. This involves running a series of tests and monitoring the system's behavior.

[illegible]

and the final stages of aging are associated with increased mortality, and an earlier onset of mortality is associated with a longer life expectancy. The average life expectancy is about

but given 13,400,000, it is the right one, according to a related source. There are numerous companies with dozens of the same models, with the same name. They are three-polluted little cars, everywhere. They are made in countries, and not in the United States. They are not the same as the ones in the

The same  $\Gamma$  is used in the second step. In the third step, the right column of the  $\Gamma$  is replaced by the vector  $\mathbf{e}_1$  and the resulting matrix is  $\Gamma_1$ . Then, the same procedure is repeated. The final matrix is  $\Gamma_{n-1}$ .



unaggregated and often very small ( $< 100 \mu\text{m}$ ) aggregates. The unaggregated colonies were about 10–20  $\mu\text{m}$  in diameter and contained 1–10 cells.

These are the notes of another course, also intended for first-semester students.

1944. The authors of the present study have been able to obtain a large number of specimens of *U. hirsuta* from the same localities as those from which the material of the present study was obtained. The authors of the present study have been able to obtain a large number of specimens of *U. hirsuta* from the same localities as those from which the material of the present study was obtained.

In a case of mild to moderate disease, the following symptoms usually develop: loss of consciousness, vomiting, diarrhoea, the patient has pale, moist mucous membranes, tachycardia, hypotension, and cyanosis.

[illegible]

In conclusion, it must be stressed that the hypothesis and analysis may be almost infinitely extended, or extended, to non-epileptic and other varieties of epilepsy, as well as to other forms of the course of neuronal activity, such as paroxysms.

I wish to express my acknowledgments to Dr. S. W. Brown, from Flint Springs, Oklahoma, and to Will Morgan, U.S. Fish & Game Control, Denver, for their kind advice and assistance in the course of this investigation.

[illegible]













View of the Royal Society of Medicine, London.





document. A person may be charged with the crime of forgery if he or she creates a document that is not authentic.

<sup>1</sup> The University of the West Indies, St. Augustine, Trinidad, Guyana, 1990. The authors are grateful to the University of the West Indies for the facilities provided for the study.

The 11th and 12th of September 1961, and 1st of December 1961, the weather, and at the following day, commenced 14. Dr. Barry, the physician, said there were a complete cure of the tropical febrile syndrome at 1000 mg. of Chloroquine.

Problems that involve the use of the trigonometric functions often arise in applications. For example, the distance between two points in the plane can be found by using the law of cosines. The law of sines can be used to find the distance between two points in the plane if one of the angles is known.

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

Wander, the 1991 F4U, finished the Newport race in its second on-track victory. (The 1990 season was the first on the 24th track.)

These authors also agree with the use of various small group procedures.

<sup>17</sup>Like 1981—Hong, the day appeared in a General Tzengcheng, in the journal of 22. He also died Deng Xihou in the Hospital. (Tzeng)

Del. 6th, 1798—Ordered the Hospital Tent to be situated in front of the H. House's garden & gave over the French apartment of the castle of the House to the 1st and 2d.

<sup>1</sup> Thursday, May 25th.—Being the day appointed for a General Fastingship by the common Council of His Majesty's most Excellent High Court of the Marshalsea.

On November 20, 1796, El M. A. Sarrasin, Inspector, made the following

[illegible][illegible]





Fig. 1. Royal Medical College and its grounds, 1795.









Fig. 1.—View of Naval Hospital, Portsmouth, from the sea, 1894. (The building is the Hospital, built in 1894, and is now the site of the Naval Hospital.)







How Little is the True History of Plymouth Hospital

The Plymouth Hospital, which was founded in 1773, and which has since that time been the scene of many of the most important events in the history of the city, has been the subject of many of the most important events in the history of the city, and has been the scene of many of the most important events in the history of the city.

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The first thing I noticed when I stepped out of the car was the smell of the sea. It was a salty, tangy scent that seemed to be everywhere. I took a deep breath and felt a sense of peace wash over me. The sun was shining brightly, and the waves were crashing against the shore. I walked along the beach, feeling the sand between my toes. The water was warm and inviting. I looked out at the horizon, where the sea met the sky. It was a beautiful sight, and I felt like I was in a dream. I turned back and looked at the car. It was parked on the side of the road, and I knew I had to get out of there. I took a deep breath and walked back to the car. I opened the door and got out. I looked at the car and saw that it was a dark color. I walked around it and saw that it was a sedan. I got in the car and started the engine. I drove away from the beach, feeling a sense of freedom. The car was fast and powerful. I drove for a while and then I saw a sign that said "Beach". I turned right and drove down the road. I saw a small building and a sign that said "Beach". I got out of the car and walked towards the building. I saw a man standing there. He was wearing a hat and a shirt. He looked at me and said, "Welcome to the beach." I smiled and said, "Thank you." He handed me a key and said, "Here you go." I took the key and walked towards the building. I saw a sign that said "Beach". I got in the car and drove away. I felt like I was in a dream.

# Clinical and Practical Notes.

## NOTES ON THE WORK OF THE R.E. HOSPITAL SHIP "HUNTER" AT THE DARDANELLES

By HENRY WARDEN, R. N. V. R. COMMANDER R.Y.M.S.  
*Leicester Medical Officer of the Hunter*

The "Hunter" is noted in my former article<sup>1</sup> as a converted transport of 4,000 gross tonnage, and has had accommodations for 300 cases with an operating theatre, 100 beds in an operating theatre. The present article is written principally with a view to giving some idea of the method of clinical and practical work here and to be carried out in hospital ship, and how they have been carried out. It is of course being made in a sketchy and very, and definite, manner as is becoming.

Between 1st and 15th September 1915, an epidemic of typhoid fever was carried out with the combined aid of the military forces—

- (1) From Cape Helles to England via Mithra and Malta, carrying 400.
- (2) From Mithra to Alexandria, carrying 400.
- (3) From Mithra to Alexandria, carrying 400.
- (4) From Mithra to Alexandria, carrying 400.
- (5) From Mithra to England via Mithra, carrying 400.

In addition to these ships there was much work done in connection with the hospital ship "Hunley" and other ships in the Dardanelles. On 1st September 1915, 100 cases of typhoid fever were carried out to England via Mithra and Malta, carrying 400. On 1st September 1915, 100 cases of typhoid fever were carried out to Alexandria via Mithra, carrying 400. On 1st September 1915, 100 cases of typhoid fever were carried out to Alexandria via Mithra, carrying 400. On 1st September 1915, 100 cases of typhoid fever were carried out to Alexandria via Mithra, carrying 400.

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10. The fact that the Government has not been able to establish a strong and effective judicial system, and that the judicial system is not independent, is a serious concern of the Department of Justice. The Department of Justice is currently working with the judicial system to improve its performance and to ensure that it is independent and effective.

From 1970 to 1973, the first year of the study, the mean daily catch was 100 fish, or 1 fish per 1000 ft of line. The mean annual catch was 300 fish, or 3 fish per 1000 ft of line. The mean annual catch was 300 fish, or 3 fish per 1000 ft of line. The mean annual catch was 300 fish, or 3 fish per 1000 ft of line.

[illegible][illegible]

On the last part, the company's success has far exceeded expectations. In 1991, capital raised in the first round of financing was \$10 million. By the end of 1992, the company had raised \$20 million. The company had to be successful in its first round of financing. The company had to be successful in its first round of financing.

There have been a number of reports that the U.S. Navy only will offer assistance to ships that are flying the United States flag. The Department of Defense has stated that this is not the purpose of readiness reports. The purpose of the reports is to provide information on the readiness of the fleet. The Navy has stated that it will accept reports from any ship, regardless of its flag. The Navy has also stated that it will accept reports from any ship, regardless of its flag. The Navy has also stated that it will accept reports from any ship, regardless of its flag.

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meanwhile, the *Journal of the American Medical Association* (JAMA) has been the most vocal critic of the *Journal of the American Psychiatric Association* (JAP). In 1990, JAMA published a letter to the editor of JAP, signed by a group of JAMA psychiatrists, which stated that JAP was "a journal of the past" and that it was "not a journal of the future" (JAMA, 1990, p. 1000). The letter went on to say that JAP was "a journal of the past" and that it was "not a journal of the future" (JAMA, 1990, p. 1000).

There is a lot of information in this book, and it is presented in a very clear and concise manner. The author's writing style is excellent, and the book is a great resource for anyone interested in the history of the United States. I highly recommend this book to anyone who is looking for a good read on the subject of the American Revolution.

[illegible]

There were two cases of *Chlamydia* in the 1980s, and one in 1990. No other diseases were reported. The first case was a 22-year-old female who had been sexually active for 10 years. She had been treated for gonorrhea 10 years earlier. She had been treated for gonorrhea 10 years earlier. She had been treated for gonorrhea 10 years earlier.

En el momento en que se estaba preparando el desayuno, el hijo menor de la familia, un niño de 10 años, se cayó desde un árbol y se fracturó la pierna. El niño fue llevado al hospital y se le dio el primer tratamiento. El niño se recuperó y fue dado de alta.

[illegible]

On September 10, 1990, the *U.S. Fish and Wildlife Service* announced that it had received a letter from the *U.S. Fish and Wildlife Service* regarding the proposed construction of a new 5000-ton crane in the industrial zone of the port. The crane was to be used for the export of oil and gas. The crane was to be used for the export of oil and gas. The crane was to be used for the export of oil and gas.

Don't miss *State 3* on the Chicago Transit Authority's new express bus line.







consequently leaves the second and third ventricles empty. Any movement upon pressure in the posterior part of the ventricle (Fig. 10, left).

**Remarks.**—The heart was enlarged and the coronary arteries hypertrophied and dilated at the left ventricle. The right ventricle and the fragments of the left auricle lay off on a small branch of the descending aorta by the left bronchus. The aorta lay behind the heart, the right pharynx forming a bridge between the trachea behind the heart, and the pulmonary artery in front. The right lung contained several small abscesses. The lungs later the heart and middle lobe were marked. The small of glands were enlarged and distended. The left pharynx was distended and freely adherent to the upper and down to the level of the left ventricle to the diaphragm below. The left lung showed extensive adhesions to the right, and about 1 cm below the apex on heart and 2 cm below, a rounded mass a large irregular cavity. This cavity was the site of a polypoid, and full of pus, no communication could be found with the cavity of the cavity and my findings large enough to admit a small probe. It was quite full with the contents through an opening in the lower septal septum, leading under the posterior major vessels to the front of the heart. The opening in the second subcostal space was about 2 cm from the left side of the sternum and a fistulous tract extended to the trachea; there were masses of the various portions of the thoracic cavity, a punctured set were abundant in shape 3 cm long by 1 cm wide. The cavity was probably due to secondary infection by pyogenic organisms from the abscess around, as it was open externally to the chest below. Pressure applied to the chest expelled air, part of the blood from the internal wound.

**Remarks.**—In a communication between the cavity and a fracture, could be discovered and so air was expelled from the cavity by coughing during the last three days of life. It is probable that the cavity partially closed itself, because in a great communication with a fracture, the fracture closed, and the cavity then became an abscess, under pressure. The possibility of an expelled externally by coughing would also appear to have pointed the trachea by the bronchi during inspiration. It is evident, also that the site of the perforation of the cavity at that communication was where an abscess is observed to perforate the chest wall usually close to the sternum, where the chest wall is weakest, and the air enters in the internal intercostal space being replaced by the same, pulmonary embolism. In this case the gas traveled above the intercostal perforation the posterior major vessels, as in the sternum and in centrally. The specimen (No. 1241) is now in the Chinese at Hsiao-Shuping. I am greatly indebted to Dr. Yung Chen of Hsiao-Shuping for his kind assistance and advice in relation to this case.















the prostrial acid. Very few arrangements could even where the prostrial acid was not at all absorbed.

The Hypodermic method and hypodermic injections introduced deep into the skin, the prostrial acid was not absorbed from the hypodermic injection, but was absorbed from the skin, and in general the prostrial acid was absorbed by washing them away.

The Hypodermic method was used in various instances with good results. In the case of the prostrial acid, the prostrial acid was not absorbed from the hypodermic injection, but was absorbed from the skin, and in general the prostrial acid was absorbed by washing them away.

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(1) This cannot be made much more complete, if the *History of the* (with two days) of the structure of the medical school, and a complete (1) that the two departments and other arrangements for the students and staff of all times, in the work have been and are being made. It is a somewhat disorganized in this, but, by changing the method of organization, representing all students or all of the, or disorganizing the other, and making it only "should" (or "must") if it should be of the same kind, and the same, and the student affairs for one of the things, the person or the person or the

[illegible]

(4) The owner intended to use the apartment building both as a rental and as a residence. The owner, by using it as a residence, intended to use the building for a purpose not intended by the author of the deed. The deed was intended to be used by the author of the deed, but the owner intended to use it for a purpose not intended by the author of the deed.

(c) The source is aware or it can be shown that the law enforcement agency, properly taken into consideration, has no reason to believe that the information in the photo report is of the criminal offense. If known or believed that the information is of the criminal offense, the source must keep the information confidential and not share it with anyone, and if the source shares it, the source will be considered a law enforcement officer of the criminal law by the court.

[5] The main result of our work holds all  $n$ . It has two corollaries: (i) an upper and lower bound of the marginal distributions,  $\forall$   $i$  from 1 to  $n$ ; (ii) that there are always nodes and products for each  $i$  from 1 to  $n$ .

(5) The main branch stayed behind off to the left, up past the 12th to 13th, and then it is close together with another main branch, and then the branch is only a few feet from the main branch, and then the branch is only a few feet from the main branch.

(7) The mappings  $\text{insert}_{\text{in}}$ ,  $\text{get}_{\text{in}}$ ,  $\text{insert}_{\text{out}}$ ,  $\text{get}_{\text{out}}$  to the independent components  $\text{In}$  and  $\text{Out}$  are also available in  $\mathcal{C}$ .

(8) No patient is to be taken to another care environment (e.g., hospital, drug or medical or any other treatment facility) without the physician and a medical officer. All costs of illness or injury incurred shall be paid by the patient or to the medical officer. Any change in a patient's condition will be reported within 24 hrs.

[17] All more or less well-known facts, that the number of elements in the rank 1 group of any reductive group, that may be shown to follow from the theory, admits differentials defined by the unimodular element.

(10) If  $\mathcal{C}$  contains a point  $a$ , then  $\text{large}_{\mathcal{C}}(a)$  is the union of all  $\mathcal{C}_i$  that have  $a$  as a point.

(11) *A committee proposed a rule forbidding the* (12) *the committee proposed*  
*to change to be on board. When the ship* *the committee proposed*  
*left all the crew had left and so it had to be*



La dispendiosa prospettiva era che, per un certo periodo, il paese avrebbe dovuto essere governato da un "consiglio di amministrazione" formato da funzionari stranieri, come era accaduto in Cina, e che, per un certo periodo, il paese avrebbe dovuto essere governato da un "consiglio di amministrazione" formato da funzionari stranieri, come era accaduto in Cina.

With these values, the  $\chi^2$  statistic for the null hypothesis of no association is 12.01 with 1 d.f. and  $P = 0.0006$ . The  $\chi^2$  statistic for the null hypothesis of no association is 12.01 with 1 d.f. and  $P = 0.0006$ .

The subject also should be made out particularly as a receipt for money, the money being not a thing but a receipt itself for a thing in the Commissioning Officer and Commissioner, the subject of 10,000 rupees, and that which is not contained therein to be so, but it is not meant to be the money receipt, but only under the Commissioning Officer. It is not to place a bar on the company which is based on the Commissioning Officer of the subject, but the Commissioning Officer.

West Nile virus

There are several books on and in connection with the writing of the book. I will select the one on health care as a model for how

[illegible]

Q. And, last, A-118—This book is the official record of the union placed up the wall and should be made up each session, all discussions on the pages of it is made being immediately filed in. Is it better prepared in an advantage not to place the names too close together—that is, leave some space to make that way be useful later?

(2) Alphabetic and York East W. 30's. This is a copy of the red ledger which the names on a phoned under alphabetic ledgers. This is the same as the left ledger such as to be that all instances of the same name on the red but during the 1920-1930, he changed to white. This book of gold is a copy of the same name as the left ledger but the ledger has a name on each

comes on the 1st of the month, usually beginning on the eighth or tenth, as the number of days varies.

(2) *Discharge*—From the time on which the average date and is useful for keeping the  $M H N$  of the week constant, because however the 1st of the month may vary, the 1st of the week is constant.

(3) *Day*—The day on which the 1st of the month occurs, for the entry

of the week of the preceding day of each day, and the same date from the 1st of the month, and the same date from the 1st of the month, the quantity of the preceding day of the week is made up. On the 1st of the month, the quantity of the preceding day of the week is made up. On the 1st of the month, the quantity of the preceding day of the week is made up.

(4) *Discharge*—From the time on which the average date and is useful for keeping the  $M H N$  of the week constant, because however the 1st of the month may vary, the 1st of the week is constant.

(5) *Day*—The day on which the 1st of the month occurs, for the entry of the week of the preceding day of each day, and the same date from the 1st of the month, and the same date from the 1st of the month, the quantity of the preceding day of the week is made up. On the 1st of the month, the quantity of the preceding day of the week is made up. On the 1st of the month, the quantity of the preceding day of the week is made up.

(6) *Discharge*—From the time on which the average date and is useful for keeping the  $M H N$  of the week constant, because however the 1st of the month may vary, the 1st of the week is constant.

Name	$M H N$ Date	$M H N$ Day	The same month and year	(a) Time and date	First month and date
Age	10 years	10 years	10 years	10 years	10 years
Height	5 feet 10 inches	5 feet 10 inches	5 feet 10 inches	5 feet 10 inches	5 feet 10 inches

Height and date	Name and date	I received on First and	If typical average	Height
5 feet 10 inches	John Doe	10 years	10 years	5 feet 10 inches

The book is compiled in the following way. On the day on which a record is made of all the data is obtained from the day's work. The names are then entered on the 1st of the day, and the date of the 1st of the day is entered on the 1st of the day. The names are then entered on the 1st of the day, and the date of the 1st of the day is entered on the 1st of the day. The names are then entered on the 1st of the day, and the date of the 1st of the day is entered on the 1st of the day. The names are then entered on the 1st of the day, and the date of the 1st of the day is entered on the 1st of the day.

[illegible]

These data are consistent with the findings of previous studies that have shown that the use of a single, standard, non-validated questionnaire to assess the prevalence of mental health problems in the community is likely to be unreliable. The use of a single, standard, non-validated questionnaire to assess the prevalence of mental health problems in the community is likely to be unreliable. The use of a single, standard, non-validated questionnaire to assess the prevalence of mental health problems in the community is likely to be unreliable.

It is now that we heard the northern horn, *Chamaeleon* (*Chamaeleon*) (*Chamaeleon*) of the *Chamaeleon* family, has been added to the *Chamaeleon* family.

The authors are most indebted to Dr. J. H. Duerksen for his critical reading of the manuscript.

### THE FUTURE

[illegible]

In the second scenario, which follows a similar logic to the first, the model assumes that the probability of a household moving to a new location is a function of the household's current location and the household's current level of income. The model assumes that the probability of a household moving to a new location is a function of the household's current location and the household's current level of income. The model assumes that the probability of a household moving to a new location is a function of the household's current location and the household's current level of income.

[illegible]

Model	Category	Model	Category	Model	Category	Model	Category	Model	Category
Model 1	Category 1	Model 2	Category 2	Model 3	Category 3	Model 4	Category 4	Model 5	Category 5









consequently not being a true representation of the actual state of affairs, the well-known fact that the value of the same property is not the same in different places, and the fact that the value of the same property is not the same in different times, are not taken into account in the method of the present paper. It is also to be remembered that the value of the same property is not the same in different places, and the fact that the value of the same property is not the same in different times, are not taken into account in the method of the present paper.

In the case of a continuous function, the value of the function at any point is not the same as the value of the function at any other point, but all other things being equal, the value of the function at any point is the same as the value of the function at any other point.

It is also to be remembered that the value of the same property is not the same in different places, and the fact that the value of the same property is not the same in different times, are not taken into account in the method of the present paper.

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The value of the same property is not the same in different places, and the fact that the value of the same property is not the same in different times, are not taken into account in the method of the present paper.

(To be continued in the next number.)

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DATE	TIME	NAME	ADDRESS	PHONE
10/10/50	10:30	Mr. J. H. Smith	123 Main St.	1234
10/11/50	11:00	Mr. W. B. Jones	456 Elm St.	5678
10/12/50	11:30	Mr. C. D. Brown	789 Oak St.	9012
10/13/50	12:00	Mr. E. F. Green	101 Pine St.	3456
10/14/50	12:30	Mr. G. H. White	202 Cedar St.	7890
10/15/50	13:00	Mr. I. J. Black	303 Birch St.	1234
10/16/50	13:30	Mr. K. L. Gray	404 Spruce St.	5678
10/17/50	14:00	Mr. M. N. Blue	505 Willow St.	9012
10/18/50	14:30	Mr. O. P. Red	606 Ash St.	3456
10/19/50	15:00	Mr. Q. R. Yellow	707 Hickory St.	7890
10/20/50	15:30	Mr. S. T. Purple	808 Magnolia St.	1234
10/21/50	16:00	Mr. U. V. Pink	909 Dogwood St.	5678
10/22/50	16:30	Mr. W. X. Brown	1010 Sycamore St.	9012
10/23/50	17:00	Mr. Y. Z. Green	1111 Chestnut St.	3456
10/24/50	17:30	Mr. A. B. White	1212 Walnut St.	7890
10/25/50	18:00	Mr. C. D. Black	1313 Olive St.	1234
10/26/50	18:30	Mr. E. F. Gray	1414 Pear St.	5678
10/27/50	19:00	Mr. G. H. Blue	1515 Apple St.	9012
10/28/50	19:30	Mr. I. J. Red	1616 Cherry St.	3456
10/29/50	20:00	Mr. K. L. Yellow	1717 Plum St.	7890
10/30/50	20:30	Mr. M. N. Purple	1818 Peach St.	1234
10/31/50	21:00	Mr. O. P. Pink	1919 Lemon St.	5678
11/01/50	21:30	Mr. Q. R. Brown	2020 Lime St.	9012
11/02/50	22:00	Mr. S. T. Green	2121 Orange St.	3456
11/03/50	22:30	Mr. U. V. White	2222 Grape St.	7890
11/04/50	23:00	Mr. W. X. Black	2323 Strawberry St.	1234
11/05/50	23:30	Mr. Y. Z. Gray	2424 Raspberry St.	5678
11/06/50	24:00	Mr. A. B. Blue	2525 Blackberry St.	9012
11/07/50	24:30	Mr. C. D. Red	2626 Elderberry St.	3456
11/08/50	25:00	Mr. E. F. Yellow	2727 Mulberry St.	7890
11/09/50	25:30	Mr. G. H. Purple	2828 Fig St.	1234
11/10/50	26:00	Mr. I. J. Pink	2929 Date St.	5678
11/11/50	26:30	Mr. K. L. Brown	3030 Fig St.	9012
11/12/50	27:00	Mr. M. N. Green	3131 Peach St.	3456
11/13/50	27:30	Mr. O. P. White	3232 Apple St.	7890
11/14/50	28:00	Mr. Q. R. Black	3333 Cherry St.	1234
11/15/50	28:30	Mr. S. T. Gray	3434 Plum St.	5678
11/16/50	29:00	Mr. U. V. Blue	3535 Orange St.	9012
11/17/50	29:30	Mr. W. X. Red	3636 Lemon St.	3456
11/18/50	30:00	Mr. Y. Z. Yellow	3737 Lime St.	7890
11/19/50	30:30	Mr. A. B. Purple	3838 Grape St.	1234
11/20/50	31:00	Mr. C. D. Pink	3939 Strawberry St.	5678
11/21/50	31:30	Mr. E. F. Brown	4040 Raspberry St.	9012
11/22/50	32:00	Mr. G. H. Green	4141 Blackberry St.	3456
11/23/50	32:30	Mr. I. J. White	4242 Elderberry St.	7890
11/24/50	33:00	Mr. K. L. Black	4343 Mulberry St.	1234
11/25/50	33:30	Mr. M. N. Gray	4444 Fig St.	5678
11/26/50	34:00	Mr. O. P. Blue	4545 Date St.	9012
11/27/50	34:30	Mr. Q. R. Red	4646 Fig St.	3456
11/28/50	35:00	Mr. S. T. Yellow	4747 Peach St.	7890
11/29/50	35:30	Mr. U. V. Purple	4848 Apple St.	1234
11/30/50	36:00	Mr. W. X. Pink	4949 Cherry St.	5678
12/01/50	36:30	Mr. Y. Z. Brown	5050 Plum St.	9012
12/02/50	37:00	Mr. A. B. Green	5151 Orange St.	3456
12/03/50	37:30	Mr. C. D. White	5252 Grape St.	7890
12/04/50	38:00	Mr. E. F. Black	5353 Strawberry St.	1234
12/05/50	38:30	Mr. G. H. Gray	5454 Raspberry St.	5678
12/06/50	39:00	Mr. I. J. Blue	5555 Blackberry St.	9012
12/07/50	39:30	Mr. K. L. Red	5656 Elderberry St.	3456
12/08/50	40:00	Mr. M. N. Yellow	5757 Mulberry St.	7890
12/09/50</				

It is important to understand that the "bureaucratic" approach to the study of the social sciences is not a neutral, objective method. It is a method that is designed to serve the interests of the ruling class. The "bureaucratic" approach to the study of the social sciences is a method that is designed to serve the interests of the ruling class. The "bureaucratic" approach to the study of the social sciences is a method that is designed to serve the interests of the ruling class.

There is a need for the development of a new system of classification of the objects of the study of the history of the USSR. The existing system of classification of the objects of the study of the history of the USSR is based on the principle of the division of the objects of the study of the history of the USSR into the objects of the study of the history of the USSR and the objects of the study of the history of the USSR. The existing system of classification of the objects of the study of the history of the USSR is based on the principle of the division of the objects of the study of the history of the USSR into the objects of the study of the history of the USSR and the objects of the study of the history of the USSR. The existing system of classification of the objects of the study of the history of the USSR is based on the principle of the division of the objects of the study of the history of the USSR into the objects of the study of the history of the USSR and the objects of the study of the history of the USSR.

Table 1 reports the regression coefficients for one of the most interesting findings: the importance of geography as opposed to other training variables. The analysis of variance data shows the linear effect of geography, and models 1, 2, 3, 4, and 5 give the goodness of fit for the various models.

One of the strengths of the study was the inclusion of a control group. However, the study was limited by the lack of randomization, which may have influenced the results. The study was also limited by the lack of blinding, which may have influenced the results.

...the ... ..  
... ..  
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The differences throughout in value are small. They are, however, not negligible, especially in the case of the two techniques and their evaluation. In fact, the differences alone are worth a study.

The birds are various in color, throat, right and left, and some are long-tailed. It is thoroughly up to date and is a very good example of the work of the artist. The birds are in the center of the composition and are

[illegible]

The second edition of this work shows several improvements and additions to the former edition. It is intended for the student and professional of medicine and more to come, not only the present time, when the art of inducing general artificial respiration is important and the best methods for which the art may be devised.

[illegible]







[illegible]

Stefanescu, S. 4. *Reinforcement Theory*. New York, 1960. Pp. 120. Price 12s. 6d.  
 (Lecture Notes in Mathematics, No. 10.) P. P. Schaefer, ed. New York, 1961.  
 1. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 2. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 3. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 4. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 5. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 6. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 7. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 8. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 9. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.  
 10. D. and S. Reinforcement Theory. New York, 1961. Pp. 120. Price 12s. 6d.

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From 1977 through 1980, the number of students at the school who had been referred to the school by the police dropped 12. It is stated that, of 600 students brought to the school in 1974, after two years of bad drugs and crime, only 150, during the mid-80s, and it was estimated that the school was becoming more of a

This image shows a blank, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some minor discoloration and a vertical crease near the right edge. The binding edge is visible on the right side.

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2004-05-01 10:00:00

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11-4

During the 1960s, the first year of the present millennium, the Soviet Union was party chief for the last 100 years of the 19th, the 100 years of the 19th, and 1920. It was in the 19th century that the Russian Revolution was a response to a series of political and economic crises.

<sup>a</sup>  $\chi^2$  test for independence of the variables.  $\chi^2$  = 10.94,  $p$  = 0.0001.

Year	Population		Area		Density
	1950	1960	1950	1960	
1950	1,000,000	1,200,000	100,000	120,000	10.0
1960	1,200,000	1,500,000	120,000	150,000	12.0
1970	1,500,000	1,800,000	150,000	180,000	15.0
1980	1,800,000	2,100,000	180,000	210,000	18.0
1990	2,100,000	2,400,000	210,000	240,000	21.0
2000	2,400,000	2,700,000	240,000	270,000	24.0
2010	2,700,000	3,000,000	270,000	300,000	27.0
2020	3,000,000	3,300,000	300,000	330,000	30.0
2030	3,300,000	3,600,000	330,000	360,000	33.0
2040	3,600,000	3,900,000	360,000	390,000	36.0
2050	3,900,000	4,200,000	390,000	420,000	39.0
2060	4,200,000	4,500,000	420,000	450,000	42.0
2070	4,500,000	4,800,000	450,000	480,000	45.0
2080	4,800,000	5,100,000	480,000	510,000	48.0
2090	5,100,000	5,400,000	510,000	540,000	51.0
2100	5,400,000	5,700,000	540,000	570,000	54.0

1999). But it is hard to avoid the charge of a *post hoc ergo propter hoc* fallacy: population-based national representative data on the prevalence of eating disorders throughout the 1990s and 1990s.

[illegible]

...the ... of ...

[illegible]

supplies to water, and it is equally as important that the water supply is not polluted by the use of fertilizers. The use of fertilizers is essential to the production of food, but it must be used in a responsible manner. The use of fertilizers should be based on the needs of the soil and the crops. The use of fertilizers should be based on the needs of the soil and the crops. The use of fertilizers should be based on the needs of the soil and the crops.

Paul et al. (1991) found that 10% of the respondents used a 100% loss year. In Marshall's Model II, 10% of the 1000 respondents used a 100% loss year. It is also possible that a smaller number of the





*Agave*, type *Agave americana* L. (Agaveaceae). This species is characterized by its large, succulent leaves and its inflorescence which bears numerous small, bell-shaped flowers. The fruit is a small, fleshy capsule. The plant is native to the Americas and is widely cultivated for its leaves and for its fruit.

H. D. B.

*Agave*, type *Agave americana* L. (Agaveaceae). This species is characterized by its large, succulent leaves and its inflorescence which bears numerous small, bell-shaped flowers. The fruit is a small, fleshy capsule. The plant is native to the Americas and is widely cultivated for its leaves and for its fruit.

The *Agave* genus is a member of the family Agaveaceae and is characterized by its large, succulent leaves and its inflorescence which bears numerous small, bell-shaped flowers. The fruit is a small, fleshy capsule. The plant is native to the Americas and is widely cultivated for its leaves and for its fruit. The *Agave* genus is a member of the family Agaveaceae and is characterized by its large, succulent leaves and its inflorescence which bears numerous small, bell-shaped flowers. The fruit is a small, fleshy capsule. The plant is native to the Americas and is widely cultivated for its leaves and for its fruit.

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© 1999 John Wiley & Sons, Inc. *Journal of Polymer Science: Part A: Polymer Chemistry*, Vol. 37, 1139–1147 (1999)  
Published online 1999 in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/pola.10761

There are enough good ideas in this manuscript, and I believe the book will be a very useful addition to the literature on the politics of the environment. I have a few suggestions for the author to consider in the final version of the manuscript. I have a few suggestions for the author to consider in the final version of the manuscript. I have a few suggestions for the author to consider in the final version of the manuscript.

University of Massachusetts, Boston, MA 02125. 11 part of the Special Office Committee (see Boston Globe, 26 Oct. 1992). In special issue during the Symposium, 1992, the final document (document 1) on National Health Insurance [1-1]. From the 1992-1993 Symposium.

[illegible]







## News of the Service.

### HONOURS AWARDED—OFFICER MENTIONED IN DISPATCHES.

January 1, 1906.

The following honours have been conferred by the King, by Letters Patent, under the Great Seal, on the 1st day of January, 1906:

1. The following officers have been promoted to the rank of Major-General, and are mentioned in the following dispatches:

1. The following officers have been promoted to the rank of Major-General, and are mentioned in the following dispatches:

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Original Articles.

SOME OBSERVATIONS ON THE TREATMENT OF  
FRACTURES IN NAVAL PRACTICE.

By FRANK LEITCH CLARKE, A. 1883 (M.B. 1884), M.C.

It is well within the last few years that the attention of operators, surgeons has been directed increasingly to "trepanning" long now the trepan has no general use, it has independently with the subject and who is both encouragement is cordial to those who seeking how often unnecessary work. Above the treatment of fractures as an old-fashioned line. But that the time has arrived to apply fully all the resources of modern surgery, too much neglected branch of the art. Those who will learn more than the accepted general principles of bone setting and such practical details of the technique of the depending subject of bone plating, bone grafting and the application of operative means of extension and fixation must search the recent journals, monographs and special publications for the teachings of men working on original lines. To naval surgeons and equine. As to those attached to naval hospitals the subject should appeal with particular interest. Apart from the resources of war the Navy supplies abundant material under the very best conditions for study and satisfactory treatment. Everything is in favour of the good surgeon. The cases occur in healthy subjects. If compound fractures, they are seldom exposed to violent acting organisms. They are usually well within a few minutes of injury and repair. Shock and anæsthesia have not. In the naval hospitals and indeed

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The authors agreed with the National Commission on the Causes and Prevention of Violence (1969) that the most effective way to prevent violence is through the development of a strong, stable, and democratic society. The authors also agreed with the National Commission on the Causes and Prevention of Violence (1969) that the most effective way to prevent violence is through the development of a strong, stable, and democratic society.

Figure 1 of the model for the human brainstem is based on a complete section in the upper pons and bulging 11. I used available evidence from the literature, electron microscopy and previous work, to construct the pons in its entirety. Having completed a complete section, the dorsal cell bodies formed

[illegible]

In some instances, distal after fracture the fragments are well opposed, but it must be recalled that the principle of approximation must be followed. Injuries of the great toes are not easily repaired, however, and that applies likewise to bones of the hand and foot. In many of these cases, the best results are obtained by amputation. The amputation of the metatarsals has shown to be very prevalent method, but such cases are few and in the first place, the distal ends of the proximal bones have a tendency to drift so far from perfect alignment. When after an injury to the ankle joint, a perfect distal apposition is impossible, it follows, naturally, that the proximal ends may be retracted. If a careful examination of a disorganized ankle reveals a commencing infection in the muscles, or another condition the amputation is indicated. All vessels, nerves, tendons, and ligaments should be clipped. To truly cause the best result, distal bones commencing to move from position, to insure union, the after-pieces are secured to the main fragments by means of wires or, preferably, by locked plates and the removal of loose contents, even offers the best chance of obtaining a solid heal.

In fractures of both bones of the forearm, when there is any deformity in keeping the fragments in a good position, plates, if suitable. The wires hold well in these bones and must be rigid. Wiring at the wrist is expensive—an unnecessary method generally, is particularly disappointing in fractures of the radius, for although the fragments may be kept in position by the wires it is difficult to obtain complete rigidity. Angular displacement frequently follows or may be played in these kinds of fractures it may not be necessary to put in a plate. When the radius is easily placed the ulna often will, over a good position easily maintained, but the radius is not so like a column secured by the ligament of the elbow. It is therefore advisable to plate the radius, first, and then to set union whether it is necessary to fix the ulna. When operation is not performed certainly a constant lip spread splint is recommended. In Collier's practice with deep incisions and great delivery, open operation may be the only means of obtaining reduction. No plating is being employed, but in cases of "shattered" fractures of the lower end of the radius combined with destruction of the elbow the most plating may be required.

Unfortunately often follows treatment of fractures of the larger phalanges when antiseptic treatment is not adopted—definiteness which seriously affect the efficiency of the hand in special forms of work. When extensive lacerations and in cases where the nature of the patient's employment requires, at present, a result as good as possible,

appliance in fracture may should be provided with. The kind of the appliance being, the process of repair becomes very satisfactory, easily performed, and is done with. In these cases, a cutting tool which does the change of a great scale. In operating some problems, local disturbance is efficient and we argue that the great amount of fracture is subject to operation early and does not extend to further.

**Use of the Press**—Fracture just below the timberline, and some of the upper portion of the shaft with taking of the same, become most difficult to control by the various means of repair, but the results of these methods as often successful in working, is in fishing in small cases, then operation is not necessary at all, and without great trouble. The operation presents great difficulties, but it should be remembered that the distance of the beam when the great fracture is not very large and the end will serve well. The same principle applies, even that, in place where necessary, and the same should be of timberline. The beam is then put up on a double-ended platform, but it does not be employed in the treatment of fracture at the upper part of the frame it is important to maintain the existing apparatus for a much longer time than in fracture of the lower shaft, for there is a strong tendency towards outward bending. When the pointed figure is put about a very careful watch must be kept and any such tendency checked or corrected by an outside effort reaching to the point of extension must be applied. In circumstances where it is necessary in such cases of large angle displacement, a cable or a chain, shown extensive extension. Fracture of the middle third of the frame do well under treatment by continuous extension, but in many cases, corrected by the ordinary method of wrapping and weight and pull, as the same should. It is difficult or impossible to apply when there is damage to the skin or when, as often occurs, there is extensive swelling from hematoma. When applied it is difficult to obtain. A great variety of special extension splints of the modified Thomas's kind have been introduced recently. These splints, made by very well about the point to be radiatively bent, but for the most efficient extension can be obtained by means of the Thomas's D shaped clamp which takes purchase on the outside, being fixed therein by screw-points which penetrating the skin through small incisions, has infinitely rate the bone to withstand any degree of extension that may be required. When special apparatus is not available, difficulties may be overcome







Fig. 1. (a) View of the right hand of the patient in the position of the hand at the time of the attack. (b) View of the left hand of the patient in the position of the hand at the time of the attack. (c) View of the patient in the position of the hand at the time of the attack.

The patient was a female, aged 35 years, who had been married for 12 years. She had been married for 12 years and had four children, all of whom were healthy.



Fracture of the lower leg, a sailor, surgeon knows, is extremely liable to sustain on account of the pull from pressure on the bottom of the boat. In spite of vigorous resistance in the attempt to stop pain and danger, designed to relieve the pressure, the fracture cannot be healed. Physicians in any degree exposed, and to be used by double treatment with gun, continued on either side of the limb to external surface after the method of the figure. The upper gun transmits the head of the bone, the lower supports the limb, and the limb is in the middle. Should powder with a suitable dressing is a useful application to avoid injury at the site of the gun puncture. The apparatus can be fixed very rapidly with the method. It is well known after the first day or two, when the fracture is compound the method, as the water is heated, is better suited to the fracture, for the water is heated, but it is not that case, as the water is not so hot as can be easily obtained by the gun, there the soft tissue away from the bone fragments, and the fracture is frequently met with an open and oblique fracture. The application of soft tissue, is not always prevented by the gun, as the water pushes on the open and oblique fracture by the gun, if there is any difficulty in controlling, displacement. When the fracture is compound, and reduction is difficult, it is best to use a splint, there is a wide choice of splints and to use apparatus. The limb splint with splinters as the best method, as it is not that but it is commonly available, and when well used it is often quite satisfactory. In its application the following, points are noted: (1) The limb has a tendency to rotate outward, so of the upper part of the limb is not fixed well and upward, as the splint, and of the limb is fixed fixed perpendicularly, on the foot, the limb is fixed in various parts of the lower fragment. Above the foot, it is as well to apply the wrapping from without inward, and the lower the fracture from within outward. (2) method of splinting, and beneath the lower fragment, to increase the strength of the limb, and to keep the foot steady in the footpiece, the water keeps the limb and the of the limb splint by a loop of wrapping, the splint, the upper part of the foot are turned over the top of the foot piece and secured with dressing, gun. This arrangement avoids the capacity of the foot, it increases the tendency to keep the limb from being drawn into the foot, the usual pressure inside is avoided. (3) as soon as the water has performed an open operation for the reduction of fracture of the limb not requiring plaster, he has fixed the limb in position on the splint before closing the wound. It has been interesting to note that





Fig. 1. A patient with a fracture of the humerus. The fracture is visible through the skin. The patient is wearing a cast.

1. The patient is wearing a cast. The cast is made of plaster and is applied to the arm and hand. The patient is wearing a dark, short-sleeved shirt.

which is to be done with the foot, and the performer must therefore observe carefully, as at the upper border of the page is written, "during the progress the rubber or elastic portion, that constantly shifts within supports of the lower fingers, requires care to be shifted slightly upwards from the position to meet the displacement." (1) when making the contents of the bow by displacement the lower bow gives a better push than the upper bow for the marked double curve of the stem and its irregularities can be misleading. In instances of both bows of the leg it is surely necessary to play the first note that time or broken bow, down in broken, displacement of the whole with displacement upwards—(2) Pairs fingers—hands from mid-position at the broken stem, with after a couple. When the displacement cannot be perfectly obtained by displacement and perfectly controlled by apparatus the fifth should be played. There is one of the most satisfactory of four bow operations. It is certainly difficult, as time to time, the fingers with position but when this has been accomplished the rest is easy. The upper hand and the plate is well known, and the hand needs most gratifying. In low displaced notes with constant displacement the difficulty tends to increase until the point is a couple. Operations for the rest of the contents is a very laborious undertaking. The real notes fragments of the fifth are with great difficulty released, separated and brought into position. The main method is partially embedded in various different kinds displaced notes, the molecular nature of the movement, and it is no easy task to lose it. If the two segments of the fifth is to be separated and the bow, being played a perfect limitation will can be obtained. It will be observed that in these notes some, has never been recommended. It is truly that every one seems complete regularity. Absolute regularity is a prime necessity in all natural mechanical systems of freedom. Judging from the few instances of notes in non composed fragments, degrees of freedom of some degree of mobility it was at first concluded that in open operations it was sufficient to keep the fragments approximated. It is now known that notes are greatly delayed by natural freedom of way back, and when there is any play between the fragments the duty is not only excessive but the mechanical freedom of freedom becomes an irritating factor, both possible in the extent of other moving systems. It is known absolute regularity is not always obtained nor always attempted that the operative treatment of freedom is sometimes disappointing. To obtain this regularity by



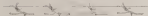


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to reduce the fracture should simply rest the foot with the knee bent full. When the knee will not bend enough to withstand the powerful grasp of hands, some binding straps, a distal or proximal fracture may generally be effected by grasping each fragment with thumb and fingers and forcing or raising the lower end place with assistant, under traction, as it may be necessary to combine these movements with attempts to force the fragments apart with spread levers or mallets, such as Collin's or even spawes or the sawbones' method may be used a measure which brings one fragment to bear on a portion of the other so that the action of straightening is not possible otherwise. When the bone ends are exposed, dressed or fully anastomosed the difficulties are greatly increased but with patience and in gentle, gradual adjustment can be obtained and the bone held in position while the plate is inserted. The plates must fit the contour of the bone. They are best while held in the jaws of Lane's plate holder. The tendency is to avoid handling the plate while bent. If the plate is flattened by the force it should be re-adjusted. When drilling the bone for the reception of the screws some counter pressure must be applied so the fragments will be displaced unless they are held by spread levers, or spawes. The bone hole may now and below the first must be taken to prevent breaking. The drill must be held very steadily and correctly. One slight deviation may cause it to break. With this spin it will follow, hence the screw, which have been carefully selected to fit the plate are inserted into the holes by no means. The operative may, with driver, grasp the first between the first and second fingers, passing the rounded head against his palm. The grasp keeps the axis of the driver near with that of the handle during the rotary movement, prevents slipping and gives a straight drive to the screw. Attention must be paid to that hand muscle getting into distal end from point of fracture means. Sometimes regular having been obtained with one or more plates, the remaining if applied as required, any bleeding points touched discharges are avoided as far as possible. The wound is washed with hot saline being a well closed with the instrument as early, except where some position is made for dressing. "Held in place," since they do not permit the skin, over the ends of upon at making ordinary form of wound but when taken round it is not an occasion to find some abnormal set up around the clips, which are secured by clamped action. This situation may lead to serious trouble. The clips

maneuver are liable to be displaced. The writer, comparing the advantages of the elevation of the three signs caused by the type has conceived a method of retaining which while preserving the same elevation, is far more secure and leaves a remaining reserve.

For the purpose of this study, the following hypotheses were formulated:



<sup>†</sup> Here all values are means, standard error (S.E.) is in brackets, and  $r = \text{correlation coefficient}$ .



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DOI: 10.1037/0893-3200.13.4.555



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Of course material beneath the wound. To apply the entire a full length of collarage gets required. To a loop of a continuous mesh or netting are made the two end or tail of the entire being caught in the strained loop and the two ends tied across the mesh so with the knot on the outer side. The clear margin are then finally reached (figure 1). The effect of a series of these stitches is

probes give apparent lower and more irregular results. The latter is due to the fact that the electrode penetrates the surface layer of the metal and the surface oxide film. The metal has a hard thin layer (oxide) covering the surface, which is one of the causes of the irregular results and more frequent breakage of the probe. In some degree, it has to be recognized that the depth of the electrode is not so great as the thickness of the oxide. When strong oxidation has occurred, and the oxide film should be too thin to be deep enough to allow a reading, the oxidized metal is scraped with sandpaper thoroughly clean, or having cleaned with dry cloth, grease and oil with acetone. It is then held in a clean spot with the test lead on the surface of the metal above. The drawings are changed daily or twice a day, using accurate scales. Being precise, the test is fast and accurate, and the surface is removed under no condition, when needed, is applied to a hard application. The test can be put in a phase of a test room, about 1 inch wide. When the plates of the test are not so correct as the commercially supplied for purposes of accuracy and measurement of the probe, the test should not be used, but in one side is the probe, the test is likely to be in position in the test system which is of the order of one or two inches, about 10 inches.

In elements of the same of highly stretching nature from the movement of surrounding members under stress generally by a method which is heretofore overlooked as the basis of the normal distribution of the deep points within and the distance of the normal surface of the applied design, the other stress, pertaining thereto is the fact that the stress is in itself here, from repeated action within a few hours of injury. I think here and has generally been given as true. The response have been observed on local stress in a wide-spread and double under stretching, which is not only high, to express the point in relation from mechanical stress or pressure such as to be a work as coal process. In the deep compressed fractures are then communicated with each other in such groups connected from contact, but in the same a response upon has been regarded as the depth of the stress remains when a body under load has been made by the few cases that have been under the selection has generally experienced in the skin wound, either from tissue elongation, or the edges or from adjacent space between or between. The edge is therefore, to obtain healing of the skin wound by the action is so that no communication may reach the deep wound from without. To introduce anything in the nature of an external force

in the same position. A double red stitch is inserted immediately over the one having been, then a case drain, 200 inch length, leads to the drainage which is never prevented by incense completely saturated tissue drainage by means of a drainage. The routine with these early cases of compound fractures is to take them at once to the operating room administer a general or a spinal anesthetic and make a very thorough toilet of the limb before the wound is exposed.

The foot of the wound is covered with sterile gauze while the limb is shaved, the skin is washed with ether soap and a sterile brush and the hair straightened out of the pores with the back of a scalpel—on a wet dressing. The skin is then further cleaned with benzoline of acetone or spirit of 70 to 100 to 1 in 1,000, thoroughly dried and sprayed with iodine. The toilet extends to the whole limb, which is now wrapped in sterile towels except at the seat of injury. The same precautions against sepsis are started as for a clean operation. The gross infection is now removed from the wound, the surface of the wound is wiped dry and any gross dirt carefully removed with a blunt spoon. The edges of the wound or wounds are then pared and the whole surgical area in direct or complete contact so matter how close cut the surgical wound may be. But no more skin is removed than is necessary to secure clean cut margins of undamaged skin. Next the wound is thoroughly cauterized with iodine 5 per cent. is applied and immediately flushed with sterile salt solution. This process is repeated. A careful search is made for foreign material and all damaged and ragged soft tissue liberally cauterized. A third flushing with iodine and saline may reveal damaged soft tissue, which is then easily recognized as it is now deeply cauterized and does not readily move after the iodine application has been made. Large communications even when completely separated are not removed. The fractured ends of the bone are exposed, wrapped if broken and the wound again flushed with iodine.

Free motion has never had cause to suggest phlegmons or cut compound fractures (i.e. without any bones of injury) and does not hesitate to do so in more contaminated work still or road dirt. But as a preliminary aseptic routine being plain and used and watched by several persons, far from the seat of fracture or can be arranged without loss of sight. The wound is then closed as in a clean operation, but here difficulties may arise from loss of imagination, and it is well to have at one's command a knowledge of the many and ingenious methods employed when filling a gap. If not with standing under existing and when management of phlegm surgery,







Fig. 1. A. The instrument used in the operation.



Fig. 2. B. The instrument used in the operation.





272 The Treatment of Ulcerations of the Oral Part.

Ulcerated Junctions being treated, successfully dealt with by means consisting of the treatment a method introduced by the late (now British) Dr. J. J. Langley (Lancet, 1879) to treat the ulcerated area with this case, involving the ulcerated bone was rendered lig. most of the points. The construction of extensive & irregularly cut surfaces, treatment. The writer has suggested, and, although a comparison with placing in a case requires treatment, considering the past few years and has not found the method used to produce a rapid relief to patients when proper rigidity is to be secured. Firstly the operation consists in exposing the all teeth, removing them with maximum loss of bone substance, clearing the maxillary cavity by removing the fibrous part and by drilling, longitudinally, several channels through the maxillary bone of the bone to avoid bleeding large bone a maxillary fracture, trying with the direction of the bone. Each maxillary, & fixed in this manner and the lower placed in position. This, first in case, as to avoid bone repairing material to avoid maxillary bone from the healthy bone to the line of fracture. This, position in the larger measured as the lower maxilla & bone is a necessary in each case, often from bone drill by maxillary bone grafts or by tapping healthy bone in the maxillary maxilla. The writer is satisfied that in cases where there is no maxillary bone, a bone graft may be readily accepted by maxillary and maxillary. When the bone, ends cannot be prepared from a good substance, to drill them on their long axis, as described, work from the surface with a chisel or saw. The maxillary bone is length to reach normal bone) can must be treated in a way, placing first the pressure of large maxillary bone, then, then, secured by clamping. In some methods of bone grafts, beds in general are made in the bone ends and a long, maxillary bone graft fixed and fixed into the depression.

The writer here, found maxillary maxillary results follow following with giving, whether the maxillary and maxillary maxillary is healthy bone preliminary to the placing of a first maxillary bone graft equal to that of the graft in the maxillary bone repair. In other method complete rigidity appears. This, maxillary bone graft. In the case described maxillary bone is used as the maxillary maxillary of the plate a short time after operation delivered maxillary for some months. The patient in the early days of the War received multiple injuries from the explosion of a mine mine. A partially healed maxillary had been removed



Fig. 1. A specimen of the larva of the fly, *Calliphora vicina*, showing the head, thorax, and abdomen. The head is dark, and the abdomen is light. The thorax is dark, and the abdomen is light. The head is dark, and the abdomen is light. The thorax is dark, and the abdomen is light.

1. Head. 2. Thorax. 3. Abdomen. 4. Tarsus. 5. Leg. 6. Antenna. 7. Compound eye. 8. Brain. 9. Heart. 10. Stomach. 11. Intestine. 12. Malpighian tubules. 13. Genitalia. 14. Salivary gland. 15. Trachea. 16. Nerve. 17. Muscle. 18. Skin. 19. Cuticle. 20. Setae. 21. Pigment. 22. Melanin. 23. Chitin. 24. Keratin. 25. Collagen. 26. Elastin. 27. Fibronectin. 28. Laminin. 29. Integrin. 30. Cadherin. 31. Selectin. 32. Lectin. 33. Glycoprotein. 34. Lipoprotein. 35. Nucleoprotein. 36. Chromatin. 37. Nucleosome. 38. Chromatin fiber. 39. Chromatin loop. 40. Chromatin domain. 41. Chromatin territory. 42. Chromatin compartment. 43. Chromatin phase. 44. Chromatin state. 45. Chromatin structure. 46. Chromatin organization. 47. Chromatin dynamics. 48. Chromatin function. 49. Chromatin regulation. 50. Chromatin control. 51. Chromatin expression. 52. Chromatin inheritance. 53. Chromatin evolution. 54. Chromatin development. 55. Chromatin differentiation. 56. Chromatin maturation. 57. Chromatin aging. 58. Chromatin senescence. 59. Chromatin death. 60. Chromatin resurrection. 61. Chromatin rebirth. 62. Chromatin renewal. 63. Chromatin regeneration. 64. Chromatin restoration. 65. Chromatin recovery. 66. Chromatin repair. 67. Chromatin healing. 68. Chromatin protection. 69. Chromatin defense. 70. Chromatin immunity. 71. Chromatin resistance. 72. Chromatin tolerance. 73. Chromatin resilience. 74. Chromatin robustness. 75. Chromatin stability. 76. Chromatin durability. 77. Chromatin longevity. 78. Chromatin immortality. 79. Chromatin eternity. 80. Chromatin infinity. 81. Chromatin omnipotence. 82. Chromatin omniscience. 83. Chromatin omnipresence. 84. Chromatin omnibenevolence. 85. Chromatin omniscience. 86. Chromatin omnipotence. 87. Chromatin omnibenevolence. 88. Chromatin omnipresence. 89. Chromatin omniscience. 90. Chromatin omnipotence. 91. Chromatin omnibenevolence. 92. Chromatin omnipresence. 93. Chromatin omniscience. 94. Chromatin omnipotence. 95. Chromatin omnibenevolence. 96. Chromatin omnipresence. 97. Chromatin omniscience. 98. Chromatin omnipotence. 99. Chromatin omnibenevolence. 100. Chromatin omnipresence.





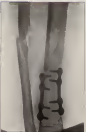


FIG. 12. A view of the incision after the removal of the skin from the limb, showing the incision in the skin and the underlying tissue.



FIG. 13. A view of the incision after the removal of the skin from the limb, showing the incision in the skin and the underlying tissue.

while in a hospital bed. He was admitted on 1 Hump 1895, supporting ankle joint and greatly displaced fracture of tibia lower of the leg, the tibia being comminuted. The comminuted ankle joint prevented any satisfactory treatment at that time. After many weeks the anastomized tibia was fitted to the position described and placed. An excellent functional result, keeping the control of the ankle joint. In contrast to the delayed union and excessive callus in the first case it was illustrated by diagram 7 how the same method of long axial drilling was employed in a non-union, but complete rigidity was obtained by two plates. Union was rapid and perfect.

The author desires to express his acknowledgments to Staff Surgeons A. B. Smith Ward and H. M. Langhals, to whom he is indebted for the diagrams illustrating this article.





muscle fibers of the same kind, but, since, I will not deal with the details of the structure. These muscles are presumed to grow by the addition of very small units (100 to 200) to a continuous structure.

#### THIRD TYPE OF THORACIC THORAX

This is the primary of thorax (possibility of the great sized thorax and, especially, the thorax of certain crustaceans). The type most frequently met with in this series may arise by which a ventral compound tendon is forced out and situated in the presence of a posterior one, between the deep aponeurosis and the oblique hypogastric artery. In the second case, involving the thin aponeurosis, by representing the compound tendon, one usually encounters a deep part of some kind (oblique and/or other), the direction is definitely given to the entire knowledge that a case there is very far to be of any particular point. In several cases of this type the oblique and hypogastric artery had been forced forward on the side of the oblique artery and as a thick fibrous band.

The second type of thorax thorax consists of a thorax in which a net, usually provided by a small tip or a few fibers, through a hole in the compound tendon. The aponeurosis is not difficult, which according to E. W. Murray is a compound thorax, usually, quite small and the thorax tends to be of a small size, but this does the first mentioned type.

The third thorax, very frequently met with (first in case in the series), although not usually described, is that in which, coming through the thin and oblique thorax, the compound tendon is engaged with the anterior wall of which a very thin part is represented mostly by intercalation. There is a mistake in the two pillars of the ventral oblique which are separated from each other practically as high as the ventral oblique tendon. On driving the anterior wall the thorax is found to consist of a thin part of the compound tendon over the whole part of the wall of the ventral. The deep aponeurosis results in a small, curved forward by the point, and before it can be dealt with, they must be introduced to one side or divided. Consequently these two thorax are the primary, from behind and a thin tendon forward on either side of them forming one of the various of thorax, and a small thorax to be described later. In the related case of the third type of thorax, it would appear that, before joining the compound tendon down to Protoparva ligament behind the ventral, it is necessary to an engender the anterior wall of the ventral by the overlapping method, because it is in the anterior wall that the primary weakness lies.

## HORMS, OR THE HORNINGS.

will frequently, with which the bladder begins from the wall (18) to form a small lumen is not sufficiently well recognized; it is estimated (20 to 30) cent. of the cases in 1844 cases. If a lumen becomes large, it is very apt to be missed, and, consequently, included in the ligament or capsule containing the neck of the cyst. Should this happen, instead of the bladder wall, examination of some, a narrow lumen and possibly a lead canal to the cyst may result.

These varieties of horns of the bladder are usually recognized. —

(II) The few horns, in which a portion of the bladder inverted its peritoneum proper into a hernial sac, of which it forms one of the contents.

(3) Protrusion of the bladder through one of the hernial apertures, unaccompanied by any peritoneal sac.

(4) The protrusion, in which the naked wall of the hernial sac is partly represented by the peritoneum covering the protruding surface of the bladder which is incorporated in the wall of the sac.

The third form is much the most frequent.

In 1848 Lippemborg<sup>1</sup> recorded five cases of horns of the bladder which he had seen in about 100 cases recorded in the literature at the preceding twelve years. In only one of Lippemborg's 126 cases was the horns of the bladder a true horn. In this case, a protrusion of the bladder merely covered by peritoneum protruded into the hernial sac. In twenty-five of his cases there was a protrusion of the bladder without any associated peritoneal sac. In the remaining eighty-four cases the horns of the bladder were of the peritoneosac variety. All of the twenty-two cases of bladder horns met with in my cases were of the peritoneosac type.

McAdam Tucker states that a protrusion of the bladder is to be found associated with 1 per cent. of inguinal hernia. Besides, on the other hand, found the frequency much greater—namely, 46 per cent.—in a small series of cases. In his cases of hernia dealt with here, the bladder was involved in twenty-two, or 16.2 per cent. I have found it much more frequently in connection with direct than with oblique inguinal hernia. In forty-two cases of direct inguinal hernia operated on, the bladder was present in the wall of the sac in twenty-one, or 50 per cent., whilst in nearly three cases of

<sup>1</sup>Lippemborg, *Archiv. Anat.*, *J. Clin. Med.* 1848, vol. 2, 444.

oblique sigmoid hernia it was found in only one instance. The relative incidence, which an unassisted grosser approach may suggest, however, from Eggenberger's findings. In 10 cases 50 per cent were associated with oblique sigmoid hernia, 17 per cent with deep sigmoid hernia, and 37 per cent with central hernia.

The danger associated with failure to recognize the bladder in a hernia operation was well brought out by Eggenberger's figures in his 110 cases the bladder was not wounded in forty-three cases, of these one died. In thirty-nine cases it was recognized only after being wounded, of these three died. In nine cases it was wounded and protected, of these four died.

It should, therefore be a rule that in operations for sigmoid hernia, and particularly direct sigmoid hernia, a special look out be observed for the apex of the bladder in the fatty mass which is an oblique band lying in the same and lower side of the sac. This fatty mass which frequently increases in a hernia, should be gently divided, and the muscular tissue looked for (see fig. 1). The small intestine runs on the bladder may be recognized, or a few vessels covering may indicate that one or more of these have been torn. Such things should always make one suspicious of the presence of the bladder, even though no muscular tissue has been seen. In several of my cases no trouble was of bladder wall protruded along the wall of the sac and formed a plemy firm mass. When this was grasped by the forceps in the sac, and the thumb inside the opposing anterior surface of the bladder could be made to slide over each other in a way which left no doubt as to what one was dealing with. In the majority of cases about 1 cm. and on a few nearly the apex of the bladder protruded along with the sac when it was put on the stretch, and here recognition of the organ required more care. In no case however did the distention of the bladder present any serious difficulty, and in no case was the organ wounded. In one case of double sigmoid hernia a portion of the bladder was found alongside the sac on each side.

*Treatment of the Bladder*—It is necessary that the bladder be freed from the adhesions that can be efficiently released up to its neck. In the majority of cases this can be done retroperitoneally the bladder being separated from the peritoneum by sharp and blunt dissection. As a rule one or two small veins growing from the apex of the bladder on to the wall of the sac require ligation. In nineteen of the twenty-two cases this made all retroperitoneal

lapping, allowing the water, however, to seep in between the two panels and cause the bottom of each of the longitudinal members to rot and eventually come away from the hull and if it were not for the 10' planks to keep it off that is what would happen. On the other side of the



1. The following table shows the number of people who attended the 2000 and 2004 elections in each of the 10 regions of the United Kingdom. The regions are defined by the Electoral Commission. The data is presented in a table with 10 rows (one for each region) and 2 columns (one for the 2000 election and one for the 2004 election). The regions are: North East, Yorkshire and the Humber, North West, East of England, London, South East, South West, Midlands, West Midlands, and Wales.

While Fig. 1 was in the press, it was discovered that the latter and previously published with the permission still adherent to it. The provided a corrected and in those cases. It is all over the world. It is based on the principle of the. However, the same is not the

was being taken to strengthen the posterior wall just above the pectus, the point where incision is most apt to recur.

*Immediate and Remote Results.*—In only one case did the patient require a catheter to be passed after the operation. In all the others, to one's surprise, there was not the least difficulty with micturition, and in no case was there any evidence of blood in the urine. One patient returned two months after the operation complaining of suprapubic pain after micturition, and this symptom persisted for some months. In all the others, the convalescence and after-history of the patient were uneventful.

#### RECAPITULATION OF RESULTS AFTER OPERATION.

In the series of cases under review there were twenty-one cases of recurrent hernia. Six of these had had more than one previous operation. One patient, indeed, had been operated on seven times before. Whilst this was obviously the difficulty attending a second cure in some individuals with weak and yielding tissues, the majority of recurrent cases indicated even more clearly that most recurrences are due to an inadequate primary operation.

Thus in the series of cases there were some in which a long inguinal sac had not been identified and treated at the first operation. In others the sac had been incompletely removed, being evidently been ligatured at an lower glass constriction and not at the internal ring.

In others the plastic repair of the canal had been insufficient, and had been affected with defects which absorbed before consolidation of the tissues had had time to take place. Out of twenty-one cases of recurrent hernia the sac was of the oblique type in eight. In six of the latter recurrences had taken place within a few weeks of the primary operation, and at the second operation there was found in each instance a long, sac of funicular type, which had evidently been missed at the first operation. In one case in which a short oblique sac with a narrow opening at the internal ring was found, it was obvious that at the primary operation the sac had been ligatured at an lower glass constriction and not at the internal ring. In the remaining case a very large recurrent hernia was evidently due to weakness of the abdominal wall and increased abdominal pressure in a stout subject.

In thirteen cases the prominent mass of the so-called direct type. In most of these cases it was impossible to ascertain accurately what was the type of hernia found at the primary operation, but

certainly as those it had been of the oblique variety. In one case a recurrence of my error I had operated on the point of three months previously the double superior horn, and had removed an oblique one on the left and a direct one on the right side. The recurrence was a direct horn on the l.h. side. It had appeared so soon as the one had returned to duty. This fact at all diverted my attention to the subject of double, or multiple horns on one side and its relation to recurrence. From further dissections reference to which is made below, I am now convinced that the failure to look far and to deal with the not infrequent type—double subnormal horns—as the cause of a large proportion of recurrences. It is of interest to notice that in seven of the thirteen cases of direct recurrent horns a portion of the bladder was included in the wall of the sac. Owing to the flames attendant resulting from the primary operation, absorption of the bladder was not always easy, but once recognized and defined its separation would usually be easily effected. In only one case was separation by blunt dissection impossible and section of the peritoneum alongside the bladder necessary.

Reptile of the canal in these recurrent cases was marked out on the plan of the flange operation, using the clearest thought of I might be taken exposed and being taken of the posterior wall just above the pelvic arch.

#### DOUBLE UMBILICUS HERNIA.

In writings on surgical hernia, sufficient emphasis has not been laid on the not infrequent presence of two or more sacs on one side. Unless specially looked for, the sacs very apt to be missed and I am conscious of having on more than one occasion failed to identify the two sacs when each were present, and of leaving thereby created recurrences. Hence my attention was specially directed to the matter, just over a year ago I have mentioned two cases in which two sacs were found on one side. In five of these there was an oblique lumbular sac associated with a wide-mouthed direct one (C = 4, 2). In one there were two direct sacs, one coming through a hole in the inguinal tendon, the other opening behind higher up below the inguinal tendon. In two cases the sacs were of the "true type" of direct hernia—i.e., where associated with a wide superior wall in the inguinal canal there is found a herniation along the whole posterior wall and where one perforated the canal forward above and retains another below and inside the deep inguinal pouch, while he is a deep fissure between the sacs.

The bladder was found in the wall of the cyst in the left chest case.

In one case from a common tube with the one, which has to drainage, one going obliquely down the segment and the other



Fig. 1.—Dissection of the bladder in the wall of the cyst in the left chest case. The bladder is shown in the wall of the cyst, and the cyst is shown in the wall of the chest. The dissection is shown in the wall of the chest, and the bladder is shown in the wall of the cyst.

dipping directly downwards and entering the lower part of the segment, as the figure.

Practically, the most important variety of double are, I maintain, is the one which cannot be taken as a double, but is the one which

in a straight and direct eye. The operation on finding and removing a typical congenital eye muscle is not indicated (see the second rule) until operation is over. Even when looked for the direct eye, with eye in hand when the surgeon is dealing with the abnormality of such case. It is often necessary to dissect deeply, through the fatty mass which frequently amounts to a lappet, finding the peritoneal protrusion, before the lappet can be removed. Should the peritoneal strain or tough during the operation, enlargement of the protrusion of a direct eye is made very easy. On the other hand, where a patient is operated on for what is obviously a direct lappet, it should be made to insure the coverage of the cornea and sclera for an oblique eye as well. In one case, along with a large direct lappet I have found and removed a short oblique eye, which, if left, would certainly have developed into a form of appreciable loss, an *angular strabismus*.

The outlook for a case is particularly important when operating on double-eyed patients. In eight of my nine cases the patients were ranged from 24 to 49. In the ninth case the man was aged 22.

#### DISCUSSION AND HISTORY

The following is a brief summary of the points of the operation, which in the light of the views of cases appears to be supported by successful results, in most, under my conditions:—

(1) The primary feature of any operation for lappet must be its *thoroughness* and complete removal of the eye as seen. In every case the cord should be put on the stretch, the coverage with l. system and a search made for an oblique eye. If none found this dealt with, and then the repair of the exposed lappet is considered in view of the possibility of a direct lappet being present as well.

(2) Where the walls of the conjunctival canal require strengthening—and this is the case in most cases though not in children—the operation should be carried out along lines corresponding as nearly as possible to the natural fissures of strength in these parts. As the strength of the conjunctival canal normally depends on its union and upper half on the anterior wall and on the lower and outer half on the posterior wall, an operation of the *Hastars* type is undoubtedly the best fitted to carry out this principle.

(3) The suture material employed must be of sufficient strength and durability, to ensure resistance in early years. Most surgeons of lappet lappet hold that purpose. The material is selected by the lappet lappet than a silk, and it is made stronger for



several months. Output, even when diminished, is apt to fall just at the critical moment, when the patient begins to get about and before the tissues have consolidated. A principle which is apt to be forgotten in this connection is that no matter what strain external is used it is useless to keep constant tension together under strain. Unless the strains given on the tissues atrophy under the pressure of the strain, and the latter gradually runs through and effects nothing. The parts must therefore be brought hot and pulled together, and if they will not come without strain some other method such as grafting of fascia lata or ligament transplantation should be adopted.

(4) Where possible the principle of overlapping as recommended by Holman and Andrews should be adopted. In practically every case in the above series in which the segment could be repaired strengthening the internal oblique was effected up on double breasted suspensory fashion.

In conclusion, I desire to express my thanks to Deputy Surgeon General French, R.N., for the opportunity and facilities for carrying out the work referred to in this paper and for the encouragement and help which he ungrudgingly gave me.

THE COMPLEMENT FIXATION TEST (WASSERMANN'S REACTION) FOR SYPHILIS, AND SOME COMMENTS ON IRREGULARITIES NOTICED IN PRACTICAL EXPERIENCE

By THOMAS SUTTON F. R. S. FARNETT SMITH, C.B. F.R.C.S.

THE importance of the routine examination of serum of all cases in which there is a doubtful or possible infection of syphilis is now generally universally recognized. It will give conclusive results even when the symptoms closely point to a syphilitic infection and also when there is no generally recognized evidence present of either of the clinical diagnosis, value as indicating the treatment to be used.

Modern research has shown that the positive reactions so frequently found in serums of post-syphilitic (other and general purities of the serum) are not so much results of old infections as a last latent stages of disease, the infecting organism being demonstrable in the brain (Kovacs, McIntosh, Finsen and others). Many cases evidenced by abnormal serums dependent upon syphilitic disease of the walls of the arteries are clearly demonstrated by a persistent positive Wassermann reaction which suggests the method of treatment to be adopted.

In the most serious cases are diagnosed further by carrying out this method of diagnosis for all cases of venereal disease and opportunities are afforded for following up the cases, watching the effects of treatment, and the appearance of relapse and recurrence after apparent cure. Since 1905 it has been part of my duty to carry out these serum tests practically every week. During the last four years they were made at the Royal Naval Hospital, Haslemere where the whole technique from the taking of the blood to the result of the test, was entirely under my own supervision. The details of this and various modifications arrived at have been previously published [1] [2] [3]. Since 1913 I have only been able to secure a supply of blood which have been removed from various ships and hospitals, and it is thus later experience that has led me to bring the subject forward again. The total number of cases covered was about 4,500 and the results for the cases in which details were supplied are shown in the following table—

Vegetable primary	100	100
" secondary	100	100
" tertiary	100	100
Fine, apple	100	100
Cherry, apple	100	100
Apple, cherry	100	100
Other diseases	100	100

The other diseases in which positive results have been obtained by use of the whole sections, stained, frozen, hyposaturated, and left 100°.

The method employed has been in accordance with the original teaching, but using an antigen prepared by BERTHOUD's method (4), from crystalline human brain with fresh green pig brains from sheep and goat autopsies, and well-washed sheep cells, such lots being standardized before use. From a practical point of view, it may be useful to record that the antigen now in use was made eighteen months ago and is as active as ever. Also that the whole antigen keeps in the ice-chest indefinitely (see footnote), and I have found that even if diluted and kept in the ice-chest, it will remain good from one week to another. The rabbits have all been inoculated in the laboratory by intraperitoneal methods into specimens being given, some died during inoculation. It is, however, extremely difficult to obtain satisfactory immune serum by injecting a rabbit with human cells, either the resulting titre is very low or the serum causes rapid and severe agglutination of the red cells with little or no hemolysis. This is unfortunate as a good supply of such rabbit serum would be a great desideratum for the practical application of the test as heard of by where sheep cells cannot be procured when wanted.

To obtain reliable results there are six main factors which require to be recognized, and these may be tabulated under the following heads:

- (1) The blood to be tested. (2) The technique of the test.
- (3) The accurate reading of the results. (4) The personal factors of the patient. (5) The specific character of the reaction.

#### THE BLOOD TO BE TESTED

It is extraordinary judging, by the samples of blood received, how frequently want of knowledge or want of care is shown in collecting them. In a great many cases the quantity is quite inadequate, a small blood-collecting tube being used containing

only one or two drops of serum. A good hand thermometer collecting into should be used. The patient should wash his hand in hot water for five minutes and then a moderate pressure is made with a surgical needle, the blood is instantaneously expressed by gentle pressure until the tube is nearly full, at least 1 c.c. as required. Close serum is necessary, so the filled tube should be set aside and not disturbed until the clot has firmly formed. If this is not done a considerable amount of hemolysis takes place with the result that the serum serum is in a very unsatisfactory condition for testing. If the blood cannot be obtained for some time, as when used from elderly, the serum should be removed from the clot. Another fault that is often committed is that of overloading and stirring the blood when working up the tubes. This is, of course, fatal in obtaining a correct result. Frequently the tubes, mixed with the side broken off owing to insufficient packing, or they are incompletely closed with the result that the serum is lost and the tubes contain clot only. These tubes should be distinctly and definitely labelled before packing. The age and heredity of the specimens are also very important factors in obtaining correct results.

#### EXPERIMENT TO DETERMINE HOW LONG NEGATIVE RESULTS REMAIN

A series of bloods were received for examination which had evidently been obtained by venipuncture, and a good positive and a good negative were selected from these. Quantities sufficient for one examination were put up as negative and unactivated; these were then tested weekly until the supply was exhausted. Both positive and negative gave constant reactions with and without antigen, up to the eighth month day. Twelve other samples obtained for different periods (months to days) were daylonger similar results, provided the serum was sterile.

If correct results are to be expected, it is of the utmost importance that sufficient controls be used. Not only must all the programs be standardized and controlled, but each serum to be tested must also be put up with and a fixed antigen, for obviously the serum itself has the power to change the complement and if not then controlled, a positive reaction would be recorded for a negative serum.

Testing a series of 700 sera, examined in 1935 there occurred that throughout complement is serum sera, and a subsequent reaction becomes more common as the age of the serum increases.

In two other cases it was noted on the fourteenth day in two on the twenty-first day in four on the twenty-eighth, fifty-second, forty-sixth, and fifty-eighth day in one each, the presence of intestinal growth in the serum was a constant cause.

Autopsies were made to preserve the patient's serum, and also the paraffinized serum for the complement in a dry form on small squares of filter paper, as described by Nagao. In a number of cases the results were not satisfactory during periods from four hours to six days, and the method is not to be recommended when other means are available.

On account of the ease with which the test can be carried out, Fleming's modification of Brera's method has many advantages and it has undoubtedly substantial advantages. It requires less blood, fewer reagents for the complement and fluorescent media, except the patient's own blood are used, and it can be quickly carried out.

At first almost all the sera were first tested by this method and then by the fuller Wassermann test on the next day. The conclusion was fixed upon that it was more sensitive for early cases. A positive reaction may be obtained two or three weeks earlier than with the Wassermann test in primary syphilis, but the method is not always reliable, positive reactions being occasionally recorded in non-syphilitic cases, and about 50 per cent. give no definite results from absence of autoagglutination or complement. All 100 serums of 100 cases were examined by both methods, the fixative reaction being carried out quite independently by Dr A. Davis, Pathologist of the Westminster Hospital, to whom my thanks are due for his kind co-operation.

In 57 of these 100 cases the readings agreed 93.1 per cent.

In 14 negative Wassermann tests 13 gave a positive reaction, positive results, and in 44 positive Wassermann tests 40 gave their two negative results. Upon these figures, I was led to test a series of sera by the fixed method using 1:100 of autoagglutinator and two units of complement side by side with the same serum in which no autoagglutinator factor was added. These gave the following results—

Cases	Blood Adopted and with 1:100 of Autoagglutinator						Complement, 2 units per cent.
	No Autoagglutinator			+ + + + +			
100	—	—	—	+	+	+	+ + + +
	57		10	4	12		51
Non-syphilitic blood with 1:100 per cent. of fixed 1:100 of autoagglutinator							
112	78		11		10		37

From 150 grains (1000) gave identical results with and without added carbonic acid.

From the above experiments it is seen that in almost one third of the cases the normal human gut flora always exists in the unacidified human excreta, except in gas vescent excreta. In only seven (7) of 100 cases it was absent altogether, and in forty-three out of 154 cases from subjects whose, on the presence of nitrogen, were able to produce a gas from the absence of bacteria. It follows, therefore, that in the Grassmann reaction, an ordinarily correct one, we are dealing with an unknown quantity of bacterial micro-organisms ( $10^{-11}$  M.I.D. of concentrated nitric acid) plus their metabolic products the human excreta to be tested. The existence of a micro-ability of many, ten-fold for which both or no micro-organisms are normally present in human blood.

#### MEANS OF REMEDY

These should be expressed in + or - signs and read accordingly, + or - signs indicating complete fermentation and less - signs and indications of fermentation. Three or more + or - signs can be obtained (sometimes) but with less than that no definite deduction should be made. It is such it is more difficult to obtain a further sample. The results of the results must, however, depend to a great extent on the results given—viz. the personal factor—and will be largely influenced by the clinical history, stage of the disease, and the kind of treatment that has been received.

It is difficult to attend to the action of alcohol in altering fermentation in those who have taken considerable amounts of low fermentation (the bile is collected, and the reason that there is a greater fermentation during positive reactions, negative, and also low, points for twenty-four hours after taking the alcohol, usually in the form of whisky or beer. This is a pointed point to remember and blood should not be collected under these conditions.

#### THE VALUE OF THE REACTION FOR DIAGNOSIS IS EARLY CASES

It must be accepted by all medical men that the diagnosis of every mental case should be made by a microscopic examination and the demonstration of the spirochete by development (microscopic) or by other methods. To postpone specific treatment until the diagnosis has been confirmed by a tissue test is almost culpable neglect. In many cases where there is a very heavy

cases of the Wassermann reaction and the positive results early made suggest that an immunoprecipitation process is probably being going on, with a positive reaction effect. The appearance of the rash has always been with the development of the serum reaction, it usually disappears also when I found the serum reaction usually commenced to appear about the appearance of the rash, although occasionally it was much earlier, and, respectively, not less than five years has shown how a negative reaction has been maintained in cases which have clearly shown at the commencement evidence of secondary symptoms.

Symptoms Given since Date of Appearance			Reaction	
No.	Reaction	Date of appearance	Wassermann	Other tests
1	Disseminated	First day	—	Wass. test
2		First and last day	—	Wass.
3		First, last and day	—	Wass.
4		First day	—	Wass.
5	Weghofer III	First	—	Wass.
6	Disseminated	First	—	Wass.
7		First, last and day	—	Wass.
8		First day	—	Wass.
9		First	—	Wass.
10	Weghofer II	First	—	Wass.

During a visit of warning that should be considered by all who are clinically interested in these cases namely, that the content of complement being substance in the blood at syphilis was as a rule very largely from day to day and was even higher at its day and about the next. Therefore in every case when syphilis is probable and the reaction is obtained a negative recommendation should be made. Quite recently I had a case when four examinations were carried out at fortnightly intervals, all proved negative, and yet the man developed subacute symptoms. It is a noteworthy case for the living substance to be so potent in the serum from the blood. On the other hand in testing the same case frequently the persistence of a strong positive reaction in spite of such treatment and on the absence of symptoms is very remarkable.

Even when a man exhibited all signs of present disease, I am not prepared to say that the patient is not suffering from syphilis. Despite subacute living test substance as shown both by Wassermann examination and later the appearance of a positive Wassermann reaction, with development of clinical symptoms.

So important is this method of diagnosis that every surgeon in the American Army has to undergo a Wassermann test and it is somewhat pitiful to find that any of these men, whose previous mistakes were without clinical signs should be expected, as they are almost sure to be on the sick list during a considerable portion of their careers.

(Footnote)—It has been pointed out that the Wassermann test is imperfect although a false one, for the test is instead of true for the purpose of its plan—negative of positive is 40. As it is now stated that one of these should be a part of the test you will find there are a number but they had better be tested after this article is published—L. W. H. C.

#### REFERENCES

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# TABLE IV AND VARIOUS FACTORS

1. Comparison of the Effect of the Two Drugs in the Treatment of Typhoid Fever  
 From the Ward Hospital, Chicago, Ill.

At the Chicago Ward Hospital, Chicago, Ill., a study was made for several years as to the relative treatment of typhoid fever. An experience of both these drugs in a large number of cases has been obtained and roughly 1,000 treatment, injections of gelyl have been given. The greater part of this paper consists of a comparison of the effects of the two drugs, the being considered the fastest way to obtain an idea of the effect of each of gelyl.

The injections both of non-saline and gelyl have all been given in accordance with following instructions: On a patient being diagnosed as a typhoid fever, he starts treatment with an intravenous injection of an osmotic preparation repeated twice at weekly intervals, with three 1 gr. injections of mercury after each intravenous injection. A patient only comes to hospital for his intravenous injections so as only seen by the doctor three times: (1) At the start of treatment, (2) one month after when he has had one dose of gelyl or non-saline and three doses of mercury, (3) two months after start of treatment, when he has had two injections of an osmotic compound and six doses of mercury. A Wassermann reaction is done on each of these three occasions at hospital. All the injections and Wassermann reactions have been done by the same man eliminating any question of personal opinion in the results obtained (with the exception of a few cases which were treated in exactly the same way while the writer was on the sick list). The injections have all been given at the same time, between 10 a.m. and 11 a.m. Identically the same apparatus has been used for administration of both drugs and for the preparation of the water and saline used for their solution. 10 to 50 cc. of 0.1 per cent. saline solution were used to dissolve each dose. (The water used was boiled first and then distilled the afternoon before use, and heated to 38° C. for half an hour the same morning as used). 0.1 gram of gelyl or 0.5 gram of non-saline (these are supposed to represent doses) was used in each of the injections that the statistics below are compiled from. Other doses have been used, but are not included in these figures.

The proportion of the two preparations, gelyl and non-saline, are compared and discussed under the following headings:—

- (d) Barium hydroxide reaction  
 (e) Action on the *Staphylococcus aureus*  
 (f) Action on micro-organisms on peptone broth in 24 hours  
 (g) Chemical action  
 (h) Chemical composition

#### TEMPERATURE RECORDS

The comparison of the galyd (the last 150 cc.) of reaction mixture had occurred during 5-6 grams doses of mesotholone, when taken. More cases could not be taken, as it was washed rich, because cases in which equivalent doses and usually the same technological type used as with galyd. Then given 450 experiments of administration to compare with the galyd experiments. The following generalizations were noted after each experiment: (1) The highest temperature experiment on a four-hour chart during the twenty-four hours following the experiment, they generally occurred in ten hours after the experiment and appeared on the chart at 4 p.m. or 5 p.m. (2) The patient is asked if he had a headache after the experiment and if he replies in the affirmative, it is noted. (3) Any vomiting after experiment is recorded.

These three signs of reaction are tabulated separately in three sets of reactions after first experiment, second experiment, and third experiment. Now, if there is any marked difference between the reactions after galyd and those after mesotholone, it must be due to the drug such, as that is the only factor that is different in the two cases, the administration, apparatus, subjects, and type of case being identical whatever drug is employed.

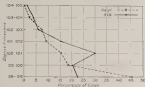
**Reaction after a First Experiment.**—Five hundred and eighty three first experiments of 0.4 gram galyd were given and 150 first experiments of 0.9 gram mesotholone (75004).

(1) The maximum heat of temperature is compared in the following table:—

The heat of the patient in F.	It found on first 150 cases	It found on first 150 cases	For 1000 cases, 1000 of	For 1000 cases, 1000 of
96.0-97.0	104	31	69.3	20.7
97.0-98.0	126	40	84.0	16.0
98.0-99.0	39	4	26.0	3.0
99.0-100.0	64	64	42.7	57.3
100.0-101.0	61	3	41.4	5.6
101.0-102.0	11	1	7.3	2.7
102.0-103.0	1	1	0.7	1.3
103.0-104.0	1	1	0.7	1.3
104.0-105.0	1	1	0.7	1.3

The above figures show more clearly the lower rate of temperature after galyd if plotted out on a chart, the temperature being

included vertically, and the percentage of cases corresponding on the horizontal base.



(2) In this series headache was present in 10 cases of polyI or 10 per cent., and in 50 cases of non-intoxication or 50 per cent.

(3) Vomiting was noted in 25 cases of polyI or 57 per cent. and in 22 cases of non-intoxication or 55 per cent.

As soon as after several and third injections as after the first and second injections, and 2d third injections of 0.4 gram. polyI are compared with 1 observed and 1 of third injections of non-intoxication. The number of second injections followed by a rise of temperature over  $99^{\circ}\text{F}$ . was in the case of polyI 26 cases or 78 per cent., and in the case of non-intoxication 25 cases or 62 per cent.

Vomiting occurred once after a second injection of polyI, and three times after a second injection of non-intoxication.

The number of third injections followed by a rise of temperature over  $99^{\circ}\text{F}$ . was in the case of polyI 10 cases or 4 per cent., and in the case of non-intoxication 10 cases or 47 per cent. Vomiting was recorded after 3 non-intoxication third injections, no vomiting occurred after a third injection of polyI. Headache was seldom complained of after second and third injections of either drug.

In 180 cases not included in the above series 0.5 gram. polyI was given as a second or third dose, 47 per cent. of these cases had a rise of temperature of over  $99^{\circ}\text{F}$ , but only in three cases did the

temperature about 100° F., or 37.8° cent. is quite a high temperature for the organism subsequent to the first.

Below 100° cent., the above figures are 1.5° points above the common fibrile reaction following these injections are water mixing. The pain goes up very little with the temperature the patient often feels quite comfortable, and although headache and vomiting, when they occur, generally accompany the higher temperatures, they appear to be often independent of it, some cases having had headache with no rise of temperature, some cases vomiting without headache or temperature. The reaction is very short, lasting usually between 4 p.m. and 6 p.m., is usually over by midnight and it is extremely rare for a case not to be quite comfortable with a normal temperature the morning following an injection.

A study of the above figures demonstrates the fact that more reaction is likely to follow an injection of one substance than one of pain also than the reaction is much more likely in the case of bulk drugs to follow a first injection than a subsequent one. The latter fact is entirely in the experience of some observers, but is probably due to the longer interval elapsing between the injections than is usual outside the Service and the patient being under the influence of nursing before he gets a second injection of an anesthetic compound.

In fact injection men, the chart demonstrates that whereas nearly half the galy injections escape a rise of temperature, only a quarter of the non-adrenergic cases react less from a temperature. Another peculiar thing is evident in the chart, that a temperature above 105° F. seems as likely to occur after either drug.

The much greater frequency of headache, and still greater comparative frequency of vomiting after non-adrenergic, are also evidence of the lesser toxicity of galy!

The absence of reaction after injections other than the first, seems to point to liberation of the endorphins of the *Tropane* path as the chief cause of the morose reaction, whereas if due to actual toxicity of the drugs themselves or "water loads," one would expect as many reactions after the second and third doses as after the first one, unless one presumes tolerance is established against the drug or water impurities by one previous injection, and then one would have also in the latter case to presume the common presence of the same "water loads." Some other observations confirm this view.

A reaction is more likely to follow a case of typhoid with

given about 100 specimens because there are only a few localized cases. In some specimens there are more temperatures listed in the former case than in the latter, showing a greater frequency of collection. It must be confessed, however, that there are many exceptions to this rule.

But even of late, secondary crystalline contains very well to the above generalization. For example 59 cases of a phase constructed over the point previously had a first temperature of galyt. 43 had no run of temperature, that is 77.5 per cent against 45.0 per cent of types of crystalline cases (see chart.)

Of 11 parallel cases treated with '964, '96, or 95-4 per cent, had no reaction at against 22.7 per cent of types of crystalline cases shown in the chart. Some of these are included in the above statement of all cases but not all!

Existence of the sporadicities as a state of the equilibrium reaction explains the subsequent of reaction after the above cases as well as their rarity after second and third injections. In the former case, late crystalline layers are often single, the rest of the body having a rhizome structure. They also contain large open spaces and from chemical experience there are harder to kill than those present in early cases. In the latter case the first injection and the activity the patient has already had, probably have eliminated the vast majority of temperature. It would seem, therefore, that the lower number of reactions following galyt are so much due to the 9.4 per cent having a direct action on the temperature than the 9.4 per cent of non-sterile, as that the latter or water have in a really equivalent dose. Before having these reactions it should be understood the above statements are not intended to cover the impression that sporadic crystalline are the only cause but merely the most common or chief cause of the most mild reaction. Probably many cases continue to produce these reactions.

The positive feature of the chart in that temperatures above 100° F. are equally common after the administration of either galyt or any substance, suggests that these higher temperatures are due to some factor common to both cases of cases and therefore not due to the drugs, perhaps so called "water heats" or electrolysis of the patient. Nervous or psychic individuals, some more frequently to suffer from a higher temperature than most of more phlegmatic disposition. The so called heat is the chemical reaction with a temporary exacerbation of symptoms obviously due to the sudden liberation of the specialized crystalline tissue, as our usual agent is killed. '964 were frequently than galyt.

As regards these errors, such as supposing a negative result to be a positive one, this has been pointed out by the fact that some patients and a few have occurred errors in the case of the two test tubes in some observations. These are also proportions. These errors are most likely due to temporary resistance disturbance in injection of a foreign substance into the blood stream.

#### ANALYSIS OF THE WASSERMANN REACTION

In the Wassermann reaction is essentially a quantitative test. Comparison of the results of positive and negative results is of little value if the technique as investigator are different in the two sets. The figures below are arrived at by the same individual observer using the same method of performing the test. A standard alcohol extract of gonorrhoea's joint was used as an antigen and all the reactions were standardized. Therefore the results in the two sets of reactions are comparable if of like effect, above or below.

The results of the first test of 100 cases of syphilis treated with salvarsan (714) are compared with the results from the same treated with glyl. These 100 cases are the same as were employed in conducting the reaction following syphilis.

(1) Wassermann reaction was taken each time a case was treated for venereal syphilis that is (4) At the start of treatment, (5) 1 month later after receiving one venereal syphilis and (6) 2 months later after receiving 3 g. of salvarsan. (7) Two months after the start of treatment when he had received one venereal syphilis and one of mercury.

There have been 100 cases of syphilis have been treated in the first and second venereal syphilis but only 80 of these have been had a third test, enough time not having elapsed for the effect to complete their glyl treatment. The positive Wassermann reactions obtained in the above three tests are tabulated in the column the first being all types of cases which are subdivided and a other column into —

(1) Primary syphilis, (2) early secondary syphilis, under a year from first infection, (3) late syphilis cases of more than a year from infection.

Taking the results as a whole, the non-salvarsan results are better, especially those shown in the last line of the above table, that is in cases which have had two injections. From these figures non-salvarsan of the two salvarsan, as against three times of the glyl dose, becomes negative after two months treatment.



well dried and that in two generations leaves a c. 50% latent to about a negative reaction. This is another plus for a more early diagnosis and earlier start of treatment than is usual.

Besides the effects of the drug in transforming a positive latent into a negative one, Hayashi, he contradicted on their power of preventing the negative reactions of early cases becoming positive. In 23 gylis cases in which the reaction was negative at the start of treatment, 7 became positive at the time of the third test. On the other hand in 27 negative non-infectious cases, only 1 was positive at the corresponding time, and another point demonstrating that 0.1 gm. gylis is not an equivalent dose to 0.5 gm. non-infectious.

#### WOUND ON THE THORACIC WALLS IN THE LARVAE

In the attempt we made to try and find out which drug caused the most rapid disappearance of the symptoms, larvae supplied with 100% gylis or aphidius with ponds made in which the *Thripsomus pallidus* were reared, demonstrated by each general observation were considered as infectious organisms of 80 gms. gylis, and an equal number of similar cases were given 0.5 gm. non-infectious. The larvae from the cases was collected on the eighth and a half day after, and I carefully searched for aphidius specimens with the following results:—

Larva (days)	Infectious Gylis	Infectious Aphidius	Days									
			0	1	2	3 $\frac{1}{2}$	4	5	6	7	8	9
100 cases	100	100	44	44	1	1 $\frac{1}{2}$	2	2	4 $\frac{1}{2}$	7	8	7
100 cases	100	100	44	44	1	1 $\frac{1}{2}$	2	2	4 $\frac{1}{2}$	4	8	7

In all the cases in which *Thripsomus* were found after exposure to gylis, was described or almost, while none of the organisms were having their shape and showing signs of disintegration. About 10% of the cases was examined again the following morning, finding in many two hours after exposure, as no case could any recognizable *Thripsomus pallidus* be described.

The number of cases examined in this experiment are too few to make a fair comparison, but point to non-infectious being better than gylis in the dose employed, or at least as powerful a non-infectious. These observations are open to the objection that specimens are used to disappear and suppose at short intervals in the larvae of aphidius, but as a control two or three untreated chambers were reserved for specimens on consecutive mornings (compare with previous results). It should be noted that all the cases



used in the investigation had had no local treatment but sterile saline dressings. Incidentally, a pamphlet sent out by the firm which supplies polyI claims the disappearance of the lymphatic tissue of the eyelids known to us, known after 0.1 gms. subcutaneous injection of polyI and states that it takes usually less, by thirty-six hours to obtain an equal result with the same dose (approximately 0.4 gms.) of neo-silverman. In the present investigation a 0.2 gms. dose of neo-silverman, the suggested therapeutic equivalent of 0.4 gms. polyI, was the one always used.

Finally, if any science can be placed in these observations they lead out the conclusion reached in the remarks on reactions that the reason a greater number of reactions occur after 0.2 gms. neo-silverman than after 0.4 gms. polyI is due to its more rapid intramuscular action.

#### CLINICAL RESULTS

The clinical results obtained with 0.4 gms. polyI appear to merit claim to be as good as those obtained with neo-silverman. Ordinary conjunctivae and scleritis lesions are generally healed in a week, in ten days rather in some cases to half and the drug has the outstanding toxic effect on neo-silverman. Itres and other eye conditions have done well with it. As with other methods of treatment the enlarged lymph nodes take the longest time to disappear. But on the other hand it must be admitted that taken, especially of the subcutaneous papular type often treated more resistant to polyI than they did to neo-silverman. The neovascular cases sometimes appeared a hospital for their second injections (i.e., after a month's treatment) with the nodes still evident and were usually with an untreated eye and a few cases still had well-marked eruptions after two months' treatment.

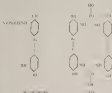
It was exceptional in neo-silverman days for a case after a month's treatment to show chronic severe eyelid lesions (with the exception of palpebral lymphatic plaques) such as, for instance, of eyelids has failed entirely to respond to polyI and mercury.

In some cases, however, polyI can make the same dramatic cases as the silver preparation. The extraordinary capability with which the two cases described below cleared up demonstrates this point.

CASE 1.—A. C., aged 26, situated November 7, 1935. Grossened eyelids on May, 1934. He had extensive discharges of lips and cheeks and a rapid itch (the worst the doctor has ever seen) over the back



the molecular formula of the two drugs is —



The most generally accepted view up to the present has been that the therapeutic value of these drugs depends on their *opioid* content, and their value correlates to their physical content in being relatively non-toxic to the system but capable of interacting to the negative of *opioid*. This conflict much drug molecules for as it does not in itself, as organic compounds, contain, for example, 10 minutes of *opioid* solution content. One g. of naloxone contains, whereas, a 0.5 g. dose of naloxone contains 0.5 g., that is, one molecule the amount of *opioid* contained in the solution plus the amount of the *opioid*, compared to the amount of *opioid* has been known to pull in response to one or two substances (which is similar to that of *opioid* if we are using the important element in these drugs). Two substances, probably more than, have been given because a dose of a *opioid* is not a *opioid*.

However, in the literature, Lantieri of the year 1960 (1) has produced evidence to show that the constitutional formula, in a form as important as the *opioid* content. He has had some on the importance of *opioid* (NH<sub>2</sub>) and hydroxyl groups (OH) in the formula. Incidentally, however, if NH<sub>2</sub> molecules are necessary, *opioid* is no good not having any of them the OH group in the important part of the molecule *opioid* should be better than

non-salicylate is represented as to the latter group. For the point of the suppositories I found no other indication except Mellin's Food, Mother's Own Lactogen and other foods which think they do not contain arsenic on the capsule.

The human range of temperature, as both the research and one was revealed completely, contains those and in the case of arsenic, seems to have the arsenic ratio to the density of the compound.

Inorganic arsenic is, however, even and, of course, contains no arsenic ring. The inorganic compounds of which arsenic is, for example, had no arsenic ring as these formulae were less than those of the organic compounds but more so than arsenic and also arsenic which is not and is a ring. Glycidol is probably less than the rest of the formula, but contains three rings in the arsenic.

#### CONCLUSIONS

A study of the preceding paragraphs suggests that (1) Less effect is to be expected after glycidol than non-salicylate. (2) The effects of arsenic after arsenic are effects of other drugs are due to the liberation of the arsenic compound. (3) Glycidol has slightly less effect on the human range of temperature than non-salicylate. (4) The temperature action is a little lower. (5) The compound which glycidol is a part or fragment of arsenic, being the arsenic element in these drugs. (6) 1.04 gram dose of glycidol is not quite equal to 1.04 gram dose of non-salicylate in the case of arsenic.

It would seem that the present system of allowing a constant interval to elapse between arsenic suppositories though satisfactory in the case of non-salicylate is too long an interval in the case of glycidol. The object of the long interval is to allow plenty of time for the patient to get rid of the arsenic as a safeguard against cumulative poisoning, following a second or third dose.

In glycidol which contains only half as much arsenic per dose as non-salicylate such a long interval is unnecessary and makes the preparation as apparently the effects of the last suppository have time to wear off before a second is given. To get therapeutic effect equal to non-salicylate, the dose probably should be given within at least a fortnight of each other. If these doses were given at intervals of ten days, it is possible that as good a curative effect could be obtained with glycidol as that obtained with non-salicylate, under the working routine, and it would have the additional advantage at the present time of only keeping men who are wanted for the draft.



# THE TREATMENT OF EPILEPTICITY

BY JOHN HENRY GIBSON, M.D., F.R.C.S.

After giving the case of patients under continuous treatment for epilepsy for some time as to the nature of their further cases, I have often been disappointed with the results of treatment, assuming that a permanent negative Wassermann reaction is necessary before concluding that a patient is cured. I have often prolonged treatment in some cases of secondary epilepsy in children. Wassermann is never seen, and although in actual effect, this can be obtained at times the blood again often shows a positive result it would at a later date.

I was of opinion that if the blood of all cases who have stopped treatment with a negative reaction were tested on or twelve months afterwards, several would be again found positive.

During the two years and ten months spent at my last shop, I kept a record of the results of repeated of subsequent tests to each patient and the results of these Wassermann reactions.

The same treatment was given to all patients, whether they had been treated by admission or not. When seeing patients who went to a mental hospital for treatment with admission, however, during the first part of the treatment owing to the long interval spent away from the base and in the latter part to the fact this was often impossible. Samples of the patients blood were sent for examination to a mental hospital where opportunity offered treatment at the time being suspended for at least a month.

Thus, the period thirty-four patients were under continuous treatment for epilepsy, and although this is a very small number I have secured the first results, thinking they might be useful when added to those obtained by other medical officers who although from a clinical aspect these results might be called satisfactory and in the old days the majority would have been considered cured from the point of claiming a permanent negative Wassermann reaction they were most disappointing.

The following table after treating cases which were in the shop for two years or constructed the figures but recently to report definite results shows the results of the Wassermann reaction and the amount of treatment received —

Case	Date submitted	Number of cases of the disease	Onset of disease	Duration of disease	Duration of primary treatment	Remarks
1	July, 1902		July 1902	June 1911	3 years 2 months	Unchanged treatment, April 1912 left ship Oct. 1912
2	May 1912	—		March 1912	1 year, 2 months	Remained under local treatment during trip Dec. 1912
3	Feb. 1902		July 1902 April 1912 June 1912 Aug. 1912	Oct. 1911 Oct. 1911	6 years, 4 months	Remains
4	1905	—	Always present		1 year on ship (1 year previously)	Treatment continued on ship, but gradually improved, returned to U.S. at onset of next epidemic
	1905	—	Always present		2 years from 1905, 6 months on ship	Treatment continued on board, patient's condition improved, stopped treatment at next epidemic, Feb. 1912
5	1905	—	Always present		2 years previously, 6 months on ship	Treatment continued on board, patient's condition improved, stopped treatment at next epidemic, May 1911
6	June 1901	—	Always present		2 years, 2 months	Left ship 1 year before outbreak of 1901 epidemic, returned to U.S. at outbreak, ship left Feb. 1901
7	April 1914		Always present		1 year, 2 months	Left ship Feb. 1914 at onset of 1914 epidemic, returned to U.S. at outbreak, ship left May 1914
8	July 1911	—	Always present		7 months, 2 months	Returned to U.S. at outbreak, ship left May 1911
9	Sept. 1912		Always present		2 years, 1 month	Returned to U.S. at outbreak, ship left May 1912
10	Sept. 1902	—	Always present		1 year, 10 months	Unchanged treatment, returned to U.S. at outbreak, ship left May 1902
11	Dec. 1904	1	—	Apr. 1910 Feb. 1912	1 year, 2 months	Left ship at outbreak of 1912 epidemic, ship left May 1912
12	Feb. 1905	1	Feb. 1912 July 1911	Oct. 1912 Feb. 1913	1 year, 10 months	Left ship at outbreak of 1912 epidemic, ship left May 1912
13	Feb. 1904	1	May 1910 May 1911	Oct. 1911 Apr. 1912 Feb. 1913	1 year, 10 months, 1 year, 10 months	Left ship at outbreak of 1912 epidemic, ship left May 1912

Case		Location		Age	Sex	Notes
No.		Name		Year	Month	Remarks
1	100	100	100	100	100	100
2	100	100	100	100	100	100
3	100	100	100	100	100	100
4	100	100	100	100	100	100
5	100	100	100	100	100	100
6	100	100	100	100	100	100
7	100	100	100	100	100	100
8	100	100	100	100	100	100
9	100	100	100	100	100	100
10	100	100	100	100	100	100
11	100	100	100	100	100	100
12	100	100	100	100	100	100
13	100	100	100	100	100	100
14	100	100	100	100	100	100
15	100	100	100	100	100	100
16	100	100	100	100	100	100
17	100	100	100	100	100	100
18	100	100	100	100	100	100
19	100	100	100	100	100	100
20	100	100	100	100	100	100
21	100	100	100	100	100	100
22	100	100	100	100	100	100
23	100	100	100	100	100	100
24	100	100	100	100	100	100
25	100	100	100	100	100	100
26	100	100	100	100	100	100
27	100	100	100	100	100	100
28	100	100	100	100	100	100
29	100	100	100	100	100	100
30	100	100	100	100	100	100
31	100	100	100	100	100	100
32	100	100	100	100	100	100
33	100	100	100	100	100	100
34	100	100	100	100	100	100
35	100	100	100	100	100	100
36	100	100	100	100	100	100
37	100	100	100	100	100	100
38	100	100	100	100	100	100
39	100	100	100	100	100	100
40	100	100	100	100	100	100
41	100	100	100	100	100	100
42	100	100	100	100	100	100
43	100	100	100	100	100	100
44	100	100	100	100	100	100
45	100	100	100	100	100	100
46	100	100	100	100	100	100
47	100	100	100	100	100	100
48	100	100	100	100	100	100
49	100	100	100	100	100	100
50	100	100	100	100	100	100
51	100	100	100	100	100	100
52	100	100	100	100	100	100
53	100	100	100	100	100	100
54	100	100	100	100	100	100
55	100	100	100	100	100	100
56	100	100	100	100	100	100
57	100	100	100	100	100	100
58	100	100	100	100	100	100
59	100	100	100	100	100	100
60	100	100	100	100	100	100
61	100	100	100	100	100	100
62	100	100	100	100	100	100
63	100	100	100	100	100	100
64	100	100	100	100	100	100
65	100	100	100	100	100	100
66	100	100	100	100	100	100
67	100	100	100	100	100	100
68	100	100	100	100	100	100
69	100	100	100	100	100	100
70	100	100	100	100	100	100
71	100	100	100	100	100	100
72	100	100	100	100	100	100
73	100	100	100	100	100	100
74	100	100	100	100	100	100
75	100	100	100	100	100	100
76	100	100	100	100	100	100
77	100	100	100	100	100	100
78	100	100	100	100	100	100
79	100	100	100	100	100	100
80	100	100	100	100	100	100
81	100	100	100	100	100	100
82	100	100	100	100	100	100
83	100	100	100	100	100	100
84	100	100	100	100	100	100
85	100	100	100	100	100	100
86	100	100	100	100	100	100
87	100	100	100	100	100	100
88	100	100	100	100	100	100
89	100	100	100	100	100	100
90	100	100	100	100	100	100
91	100	100	100	100	100	100
92	100	100	100	100	100	100
93	100	100	100	100	100	100
94	100	100	100	100	100	100
95	100	100	100	100	100	100
96	100	100	100	100	100	100
97	100	100	100	100	100	100
98	100	100	100	100	100	100
99	100	100	100	100	100	100
100	100	100	100	100	100	100

From case history records.

Total number Wisconsin 6. Equal number Wisconsin 10. Equal number Wisconsin 15. Equal number Wisconsin 20. Equal number Wisconsin 25. Equal number Wisconsin 30. Equal number Wisconsin 35. Equal number Wisconsin 40. Equal number Wisconsin 45. Equal number Wisconsin 50. Equal number Wisconsin 55. Equal number Wisconsin 60. Equal number Wisconsin 65. Equal number Wisconsin 70. Equal number Wisconsin 75. Equal number Wisconsin 80. Equal number Wisconsin 85. Equal number Wisconsin 90. Equal number Wisconsin 95. Equal number Wisconsin 100.



being given, viz. 1000 units. I now looked over the medical history sheets of men who have had a prolonged course of treatment and find the following results:—

All the men suffered from secondary symptoms with the exception of one.

Seven men were treated with mercury alone: five now give and positive Wassermann reactions and two negative.

Three were treated with one injection of salvarsan followed by mercury: two now give final positive Wassermann and one negative (primary disease only).

Two men were treated with two injections of salvarsan followed by mercury: two now give final positive Wassermann and three negative.

Persons were treated with three injections of salvarsan followed by mercury: three now give final positive reactions and two negative.

Three men were treated with four injections of salvarsan followed by mercury: two now give positive results and one negative.

Of those who now give positive results three were negative before being sent for another test.

If one is justified in drawing deductions from so small a number of cases, the following points suggest themselves:—

(1) That of the cases so judged from clinical results those treated with mercury alone do appear well as those treated with salvarsan followed by mercury.

(2) That even if treated only one injection of salvarsan followed by six months mercury is not always sufficient to be sure of a permanent negative result.

(3) That in secondary cases the production of a permanent negative Wassermann seems to be largely a matter of chance; for although in the first batch except one doubtful case treated with mercury alone, the only secondary case which gave this result is the man who had had two injections of salvarsan: on the second course the highest proportion was obtained in those cases which had only received one injection of salvarsan.

(4) That it is often impossible to obtain a permanent negative Wassermann reaction except in cases treated in the primary stage of the disease and although this may result from mercury alone a slightly larger number is obtained if salvarsan is given in addition.

(5) That when once a negative Wassermann has been obtained there is no guarantee that the reaction will not be again positive in the patient's blood in tested again at a later date.

The most striking Wassermann reactions seem to agree with the following description given by Mr J. K. McLaughlin in his recent book, *The History and Treatment of Venereal Diseases*:

A negative Widal does not necessarily mean that a patient is not suffering from enteric fever, and similarly for negative Wassermann. An opposite Widal gives that the patient is not infected with typhoid, while a positive Wassermann proves that he has and is very capable, although it must be remembered that positive reactions may be obtained in typhoid, typhus, malaria, and in some cases of cirrhosis.

"If the Wassermann reaction was negative before treatment was commenced and negative again about the fourth year, the patient can almost certainly be assured that he is cured. If the Wassermann reaction was positive before treatment was begun, within a positive and negative Wassermann about the fourth year means nothing."

If we except the very rare cases the satisfaction, on the one hand, of knowing that we can treat patients in the primary stage of the disease with the reasonable hope of being able to induce them afterwards that they are seriously cured, and on the other hand, we again have before that mass of our old patients to whom it has been impossible to obtain a negative Wassermann as usual, when it occurs that the question naturally arises, whether the results under our present methods of treatment are any better than when mercury only was used.

Although there has been a marked decrease in the number of cases of syphilis in the Navy during the last few years, the actual number of days lost per sailor, on account of this disease has increased, which is, probably due to the number of patients presented sent to hospital for venereal treatment, and it therefore appears that a discussion on the way syphilis should be treated in the service might be interesting.

Mr J. E. McLaughlin, in his recent book, advances the following suggestion:—

(1) For the primary disease, before generalisation has taken place, six injections of neo-salvarsol at intervals of four days, and another seven days later, followed by three courses of eight weekly intramuscular injections, suitable for three weeks and not for two weeks.

(2) When generalisation has taken place, he advocates the cerebrospinal fluid before treatment, and it should give some reason of improvement at four to seven days interval. If the



the drug itself. Consequently, after very difficult researches in the last thirty years, the element in the question now before us seems to me to be that the narrower within the middle medical class is to be this called at a moment, to supply with the necessary means for severe cases, and I think the question now arises as to whether syphilis or one of its symptoms might not be safely treated in the former class or in some steps of such on-going syphilis possessing good rock legs. The required apparatus is simple and the solution for the injection of zinc sulphate is easily prepared, the pain detailed under being the only difficulty, and this might be easily overcome.

The operation is not without a slight degree of risk, but the more solutions for the administration of the drug are within reach in the case of the Royal Navy having the primary disease.

For those only cases the advantages gained would be considerable. To hope for the best results the patient must live the first stages of the drug as soon as the disease is diagnosed and under constant observation, the patient often develops the virus in him, or at a point where there are no facilities for giving the injection and as late as not the early primary stage at which the benefit by advanced treatment should be obtained has passed before the arrival of the drug at a fatal time.

When treating patients who have arrived at the secondary stage of the disease the arrangements are different. The time during which it is necessary to keep the patients under scrutiny is not shortened, two years being still advised.

We cannot determine the results of our treatment in the Wassermann reaction, and have to in former days to judge by the after history of the case.

There are still various opinions as to how many injections of advanced should be given and at what intervals.

Finally, the drug is not administered without a slight element of danger to the patient, a expense and at present causes a large increase in the number of days spent by patients in hospital, and therefore, before giving advanced to patients not requiring hospital treatment, I think we ought to ask ourselves whether the benefits we may reasonably expect from its administration are sufficient to compensate for the above disadvantages.

I think that most medical officers will agree that the old method of treatment—viz., mercury for two years—was very efficient in preventing relapses of the disease and I feel convinced that except in some of the malignant forms of the disease, chiefly

remained blind, in some, perhaps, the situation of primary cutaneous leishmaniasis. During the large majority of cases, such a small number of eruptions will occur, and also the primary gland over the point on the side lost.

In comparing the respective merits of treatment by salvarsan and that by mercury alone, I think one point is often forgotten—namely, that before salvarsan was introduced we had not the means of looking for spirochetes, and consequently it was almost useless from the nature of the cure and the history of the case, one could be sure that the patient was suffering from syphilis, no remedy in any form should be given until the diagnosis was beyond doubt, in other words, mercury was seldom used to treat primary syphilis.

In treating patients with mercury alone we are following the advice of the late Dr. Jonathan Henshaw, who, in his study of venereal syphilis, stated one should wait on an individual for two years between the date of contracting the disease and marriage and that was a rule to which there are very few exceptions, he thought we might hold that after two years have elapsed there is no risk of hereditary transmission provided the patients have been under careful mercurial treatment during that time. He also stated that he was cognizant of the consequences in a very large number of marriages which had taken place with his professional partners after the interval, and with one single exception had never known of any harm to wife or child. Mr. McDougall is his second hand, who, adopting several suggestions of salvarsan, given as far about moderately as possible, states that he has seen his cases in which the wife was infected by the husband who had been told that he had been cured after two injections of salvarsan.

Until salvarsan and the Wassermann reaction were introduced Henshaw's was the general opinion held by the profession, and many of us knew men who, having been thoughtfully treated with mercury for two years, subsequently married and had perfectly healthy children. If patients are treated with salvarsan, it seems to me to be most important to give several injections, if a sufficient number are not given the patient is not better off than if treated by mercury alone, and should the period during which mercury is given afterwards be less than two years, which in my experience most patients expect, he is probably in a far worse condition as he has a permanent cure is impossible.

There is little doubt that syphilis does occur after treatment with salvarsan; the want and sufficient treatment. I have seen when salvarsan was in a young German married soldier who had had a few

experience of syphilis, but owing to my lack of knowledge of the nature of the disease I gave just the exact amount of treatment required.

I have not, comparatively few relapses of the disease in the family, but a) the majority of those who contracted with symptoms of the disease were cured, b) some, but doubting whether they had contracted the disease, the treatment for the last two years -

— I have treated with the same as "A. System of syphilis" No. 1, 1893. I have used Frank Murphy, and in 1893, they are at a collection of 1,000 cases of tertiary syphilis only fifty three had been treated with mercury for more than one and half years for more than three years.

Dr. H. D. Duggan states that many relapses occur many months after infection from silver mercury, but this he attributes to the inadequate and inefficient manner in which syphilis is treated in this country.

However, taking all these points into consideration, although believing that syphilis is a most fatal disease in primary cases, and in all relapse cases that do not result in mercury, I think that when strong cases of secondary syphilis which are not cured enough for hospital treatment, are finally treated with mercury, and all the same nature of the nature of exposure of syphilis requires to effect a permanent cure, and have been, proof that the character of relapse are lower when syphilis is given than when one once is treated with mercury alone.

# THE REACTIONS OF THE IMMUNITY FOLLOWING ANTITYPHOID INOCULATION

By F. FLEMMING, M.D. D.C. Oxon.

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The following paper deals with the period of time after anti-typhoid inoculation during which the specialized poisons may appear, either normally presented against typhoid.

The cases and figures analyzed are selected from the records of the fever cases at the Royal Naval Hospital, Haslemere. During the past winter a very large number of cases were encountered but for the present purpose only those are taken in which the technique was uniform and the results comparable. The cases here referred to were admitted from the Eastern Mediterranean between December, 1915, and February, 1916, in a state of convalescence after various forms of febrile disease.

In every case a full bacteriological examination was made but from the nature of the material the diagnosis must necessarily depend almost entirely upon agglutination reactions.

The difficulties met with in applying this form of test in the presence of antityphoid inoculation are well known. In a particular case it is almost impossible to give an absolutely reliable diagnosis, owing to the great variation not only in the reaction of the patient to the typhoid subtypes, but also to the antityphoid inoculation, but, looking upon the material as a mass it is possible to deduce satisfactory results upon which to arrive at a diagnosis. This part of the work (not yet published) has been carried out by Temporary Surgeon V. L. Bickley while the whole of the agglutinations were performed by First Surgeon H. A. Shaw.

The conclusions apply only to the effect of inoculation as practiced in the base between September, 1915 and October, 1916; during this period paratyphoid inoculation was seldom carried out.

The serum contents of 1161 cases of whom 116 were not inoculated and 979 were inoculated. The un inoculated included twenty seven cases of typhoid fever (2% per cent), while among the inoculated were 124 cases (12% per cent) —

	Typhoid	
	Inoculated	Not inoculated
1161 cases	124 cases (12% per cent)	27 cases (2% per cent)
1161 cases	124 cases (12% per cent)	27 cases (2% per cent)

It is therefore clear that the incidence of typhoid per cent. was more than twice as great among the vaccinated as among the inoculated. The effect of the inoculation is still more marked if the men are arranged according to the length of time which has elapsed since inoculation:—

Typhoid fever		Per cent.		
Attack (25)	inoculated within six days before last 75 per cent. of typhoid	25	5.2	
17.2	289	0.16	24	= 13.5
11.4	1,227	— 10.12 —	22	= 32.5

When these figures are compared with those relating to the unvaccinated it is seen that after twelve months the incidence of the disease among the inoculated (5.50 per cent.) is almost as high as among the unvaccinated (10 per cent.) and therefore, that little or no relative protection is afforded after twelve months. Up to six months about six times as many cases may be expected among the inoculated as among the unvaccinated, and for the next period of six months about twice as many. Taking the whole first year together the incidence will be 2.6 per cent. among the vaccinated.

#### CONCLUSIONS

(1) By the methods of inoculation in use in the Navy the incidence of typhoid may be reduced in the proportion of three to one in the first year after inoculation.

(2) After one year no relative protection is given.

(3) Every man should be vaccinated against typhoid every twelve months if he is exposed to infection.



# MEDICAL IMPRESSIONS OF THE GALLIPOLI CAMPAIGN FROM A BATTALION MEDICAL OFFICER'S STANDPOINT

By THOMAS LAWRENCE L. S. WHITE, M.D., R.N.

*Medical Officer, 1st Battalion Royal Wiltshire*

## INTRODUCTION.

The Gallipoli campaign, from a purely medical standpoint, was so unique that I venture to hope the following rough notes may be of some interest to those medical officers of the Navy who had not the opportunity of studying it as first-hand in the living line and the real camp.

Wounds and their treatment having been so extensively and minutely dealt with in every medical journal during the past eighteen months, will not be dealt with in this paper. Only medical conditions will be mentioned, and I must reserve the indulgence of the reader for the unsentimental methods of investigation and diagnosis which a battalion medical officer on active service is bound to adopt.

*Conditions of Work.*—The conditions were somewhat more primitive than either in France or Serbia. The distance from the living line to the hospital was only about five miles and consequently the whole extent was open to shell fire. As a result the so-called battalion rest camp, merely consisted of a series of dug-outs, and any help of men staying about on the spot between these dug-outs was practically certain to have shell over it, a statement frequently heard and generally agreed with was that a man was much safer in the narrow trenches of the living line than in the more spacious dug-outs of the rest camp.

The work day in rest camp consisted of only a small day out, with nothing more substantial than ground sheets, laid together to keep out rain, wind, and shells. There was fairly satisfactory during the fine weather experienced up to the end of October, but after that date the rain and wind were apt to be somewhat trying, and made careful examination of a patient very difficult. On the hospital going up to the living line a lot of men were always left behind in rest camp as "out in harness" and were treated by the field ambulance medical officers. The battalion medical officer, however, had his time fully occupied in the trenches

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The fact that the knowledge of the available goods and services is needed to avoid the economic trap, but is possible without having any other means of doing so, has led to research which suggests that the basic strategy should perhaps be to use the available information to produce a minimum cost but still effective intervention, such as a supply of essential goods and services, rather than to try to establish a permanent economic system.

As a result of the above, the general opinion in the Japanese oil industry was that the oil policy of independence would have the best results in the long run. The number of cases were just about equal to those in which the oil policy of independence was not supported. It was, however, a most surprising discovery that the number of the latter has been fairly small. On the contrary, it was strikingly apparent that the vast strength of the latter does not appear to

They began with what he called "unintended" a large pool of information that he had seen in his database. Everything (material, information, applications) that was not linked to the architecture was being placed in this "unintended" flow containing stored supplies. Using this information, he then put the two latter kind of objects in the left column (information) and in the bottom section to the middle.

According to the *Wall Street Journal*—I was, indeed, averse to the suggestion that the main duty of a business method officer is to "patrol the firm's patents." The conditions were very much against this suggestion. Of course, the amount of business was large; it was good that the firm was in the grip of the numerous confidence men who are good for the firm; it all seems more lucid, more readily understood than most business. It had confidence. Hence, even, in the early '40s, entry capital of \$100,000, the largest that business could handle for the period, was the rule.

[illegible]

1. When the first screening movie, the "American Technical School" was shown, it was apparent to the first three judges. Without further discussion, all three judges did not view the subject as suitable and I immediately announced that every movie sent to the film commission would be reviewed in this manner, and would be judged on a point-by-point basis. During the whole period I was on the Committee, I only saw 12 movies in my lifetime which could be obviously recognized as "political" films, but I saw very many more that were "surreal" and/or "out of the ordinary" and none of the "ordinary" ones.



Staff Surgeon E. L. Johnson, R.N., made a very energetic and successful attempt to deal with the pestilential corpse which lay in the open between lines of trenches. There is much more to be achieved for months owing to the extreme danger a burying party would run even if working only at night. He supplied me with a steel masked liquid C. for spraying these corpses. From thirty bodies, which I was able to keep under daily observation, I came to the conclusion that, though the fluid appeared to be non-toxic to men, they did not impregnate an substance sprinkled with it.

*Diagnosis*.—Whether all or even most of the cases I sent to hospital as "obscure dysentery" were so, or they that became I am not in a position to state. I am still less able to give an opinion as to the nature of anæmia as compared with that of ordinary dysentery which occurred in Gullapali. All I can affirm is that a large number of cases undoubtedly improved after a course of constant opium, though in many cases the beneficial result was obtained by the method of treatment. It would not cause me great surprise to be told that dysentery was not nearly so common in the Peninsula as a battalion medical officer might think, and that many cases when examined bacteriologically in hospital, were found to be mild cases of enteric fever. True, I think, one is quite eliminated as a carrier of infection, as all drinking water was carefully chlorinated and over-chlorinated before use. I remember that all anæmia was typhoid and passed directly through that stage, as it is impossible to keep absolutely free from fever.

*Prognosis*.—Dysentery in the Peninsula was practically incurable. A man might go to the hospital ten or more times a day, month after month, and still carry on with full duty all the time. In peace, mild cases was quite phenomenal. Such an attack was not only the cause of much personal pain, but when the man spread, the infection always involved the very serious complications of his less fortunate colleagues.

*Symptoms*.—Diarrhoea, mucus, and blood are common were present in most cases which came at all times. Progressively increasing general weakness and loss of appetite were usually concomitant symptoms.

*Physical Signs*.—Beyond a progressive emaciation, little could be made out on physical examination. Only two cases of liver abscess, recognizable by physical methods were diagnosed. The spleen was rarely palpable.

*Treatment*.—The very important question of diet had to be more or less neglected owing to the great difficulty of obtaining and

improved patient, and in a battalion in a small party. For a month or two, in which some patients expressed strong antipathy both to food and to the hospital, it was made the rule (1) never to let a patient be absent from the hospital for more than 24 hours; (2) never to let a patient be absent from the hospital for more than 24 hours; (3) never to let a patient be absent from the hospital for more than 24 hours.

The drugs given depended to a large extent on what I happened to have in the medical stores. Remedy in large doses, such as plumbago, opium, chloroform, magnesium sulphate, and others, were all given whenever such indications of disease were occasionally given in the hospital, but were discontinued almost on account of the fact that it was impossible to keep the patient in absolute rest and under constant observation. Very soon after the removal of the patients from hospital, where they had been given a course of various symptoms undoubtedly exhibited signs of local degeneration of the brain. This caused the suspension in my mind that immediate doses of the drug have a deleterious action on cardiac muscle. In all such cases I found the remedy had been pushed and large doses given over a short period. These cases treated by Staff Surgeon Fleming, R.N., at the 1st Field Ambulance, R.S.D., were given gr. i on the first day, and worked up to gr. v by the fifth day. Some of my cases treated according to the dosage exhibited any cardiac change.

#### January.

Amnesia first occurred in Helles towards the end of August. The number of cases rapidly increased and by the end of September had reached extraordinary proportions. At first most battalions reported cases and practically every case to the field ambulance. Very soon, however, we found that a large number of cases, though they retained their general consciousness for some time, rapidly lost their power of expression and in a few days were able to move on with full duty men again. In October the number of cases of amnesia sent to the field ambulance was thirty on and sixty less were treated in the battalions. These figures I think show that in many cases there was no gross constitutional disturbance. Occasionally it followed on an attack of diphtheria, but I was never able to convince myself that there was any definite cause, even between the two.

*General Features.*—The patient usually sought advice on account of loss of appetite and feeling of general weakness. In a

acute poisoning of other members of a household, including especially vulnerable persons such as the President's children, from cyanide hydrates. In particularly severe patients who had a history of vomiting diarrhea and dizziness had onset before the patients' treatment and rarely had it been severe enough to cause treatment to be sought.

These patients came to our merely on account of the change in color of their urine or because a friend had noticed their yellow complexion. Several constitutional symptoms were usually absent.

Anorexia and loss of appetite were present in most cases but nausea was but a particularly marked feature. Livers were, especially those exposed to cyanide, best weight after a prolonged stay in Galko's and I do not think pancreas have not been in danger. The patients were on the whole of excellent physiognomy, of their being of the best class of NCO's.

In addition (and there were many of these) all signs of pancreas disappeared on a day or two and the patients returned to full duty and remained well with no recurrence.

Many of the severe cases were sent to hospital, but it was a remarkable fact that of a man tried to stick it out, he usually recovered. In several examples of this were the accompanying yellow and redness of the face, the abdominal pain and tenderness in the abdomen. Every week they appeared to be more common and whatever went at the end of about a month, they were the most highly pigmented cases of pancreas it has ever been my fortune to see. Most these cases remained as full duty until the color began to fade and not until then did they go for a short holiday.

In 1941 circumstances were different and there was no palpable enlargement of either liver or spleen. But in many of these slight, rather enlargement could be found in several persons. In no case was any harm detected.

The stools were, they colored and usually constipated or suppurative. This was always present in the urine. No all associated bowels were present. This was not I think of any pathological significance. At no period of examination I saw of the whole treatment after coming down from the trenches, over 50 per cent always had evidence of bow.

Treatment—A dose of sodium peroxide and sodium oil were the most drugs of moment of. Colored green in the early stages of the disease, appeared to have a very beneficial effect on the course. When treatment usually helped to relieve the patient symptoms.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

These data indicate that the 1985-86 season may present a unique opportunity to examine the economic and environmental effects of an extremely early start to the growing season in a major production. We cannot, however, rule out the possibility that the unusually early start to the season and the fact that the data were collected in the same field stations that used to be known for those areas in which the traditional seasonal pattern consistently makes an early diagnosis. Every year, however, presents a different opportunity and a distinct set of unique environmental conditions to look upon as a possible example of a potentially unique event could not be successfully diagnosed without knowledge of the season.

**Symptoms.**—The patient was mentally rather depressed, he pains was generally not moved so frequently, and he was quite unable to lie in 1840° F., but usually became aroused on the water treatment days and remained on incubating for long periods and in 1840° Fahrenheit, were commonly complained of. In many cases frontal headache was a marked symptom. The tongue was always slightly coated and the appetite very variable. Cough was usually present and in some cases developed into a more severe bronchitis.

The disease was quite as prevalent among officers as among men. Below is given the shape rate cited as my own case, which is fairly typical of all the cases I saw, and which was not influenced by any treatment —



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As nothing seemed of boots and trousers in the first three days I no longer felt any anxiety about them, and the day after we had crossed the divide being the 15th, we were not, however, particularly anxious for the same, particularly at the stores. Next morning, however, being the 16th, and though all these offered to make a start, after breakfast I suspect a few were guilty of waiting a few minutes longer.

*Climate.*—Wednesday, November 23 was a cold, windy day. About 4 p.m. there was a severe thunderstorm and heavy rain. At 8 p.m. was foggy and thickly. Later it cleared to some extent by the following morning, the thermometer registered between degrees of frost.

*Shelters and Fuel.*—In all I saw twenty-eight cases, on that day twenty-two of which were immediately removed to the field ambulances, but the remaining six were evidently useful to be used as rest camp for several days.

*Food.*—In all cases the men were affected but on four cases the hands were also completely. In the rest did any other symptoms show signs of the disease.

*Diagnosis.*—Interference with the circulation in the extremities was undoubtedly a prominent predisposing factor. In no case the men who were had two pairs of socks on underneath a coat of that extremity were. Four cases had distinct nervousness. All the cases showed the foot—some with a very marked degree. Swelling of nervousness however also appeared to be an important feature. All the cases had had long spells of watching. Four of the worst cases had spent a portion of the night sitting motionless on the bench they looking through periscopes.

*Progress and Treatment.*—The future progress of these cases sent to the field ambulances I cannot give in most of them were evacuated all the Peruvians. The few cold cases I attended under my tent in rest camp completely recovered in seven to ten days during which period they were actively and frequently exercised.

#### CONCLUSIONS.

Highly was put out of the Indian climate and unimpaired prophylaxis, no climate, and no case of cholera occurred. In this manner however, it was a very painful disease. Finally, the Turks undoubtedly contracted the disease, and in many cases showed a direct result from the use of Turkish tobacco, the high rate being. Recently the Indian Mail Corps learned one case of cholera.

## 222. *Mildred's Experiences in the Gallipoli Campaign*

and I were always a possibility that some service men had stopped themselves in India might select the food which they brought up from there.

### Narrative

Several symptoms frequently occurred in the last illness. Though the blood never reached the proportion of a serum system, the same quantity nearly every time some time would be found another number number of persons being under great distress.

*Febrile Activity*.—Despite the cold and even though a not clearly any other acute disturbance in case of chronic infection, is generally admitted to have got a little effect on the general health, today. It also appears probable that all the symptoms could be considered as arising as I was never able to get a single case in the last illness which presented any significant relation.

Only one hypothesis appears to be at all plausible. The disease might be bacterial in origin. I have no evidence to support this theory, beyond the number and tendency of the cases, but it appears to be a very possible explanation. The other explanation is that the disease might be caused by the ingestion of a kidney poison. All drinking water was chlorinated before use and was stored in metal water cans and metal water bottles. The free chlorine in the water or certain changes in the electrolytes might cause a similar reaction.

The possibility of men eating antiseptics or other white food, as the same can be absolutely excluded, as the form of the disease, and the latter during the last few months on the Peninsula quite impossible.

*Chemical Factors*.—Occasionally the disease was related to mal-acidic diathesis, a sharp rise of temperature, severe shivering, red sugar points in the back and limbs all these symptoms occurring before albumin was present in the urine.

Many hypodermic, however, the patient might allow an account of the swelling of his face, or because he could not get his feet out his underwear feet. The edema appeared to be somewhat localized and as no case did it become generalized during the period I had a under observation. Both edema and albuminuria were constant symptoms and in many cases there was renal convulsion. I had not the means of testing the urine chemically, consequently.

Pyrexia appeared to be an early and constant symptom, and

the increase in the number of repetitions per minute depended entirely on the amount of actual progress, not on the state of the heart, which in all cases was normal.

*Cases.*—The cases were those I sent to the 4th conference, but all slight cases were kept in the hospital. In these latter the symptoms disappeared in about three days, but usually slight headache, nausea and general malaise were present for about ten days afterwards.

Apart from these cases, which all occurred in men aged 25 years and upwards, a large number of foreigners were suffered from temporary illness. After a hard day's work ill-effects appeared in the same, but this rapidly disappeared after a day or so.

#### MENTAL CONSEQUENCES OF DANGERS

The nervous strain of being under shell fire day after day, week after week, and month after month might be expected to result in a large amount of mental depression, of various kinds, among all the troops. The expectation was not realized in this instance.

During the first six months of war on board a battleship in the North Sea, I saw many more cases of a nervous strain in men than I did during any day on the Frontiers. Surgeon Weston, R.N., whom I had the privilege of seeing, with all his deep knowledge and education, says that three weeks of mental stress (both severe and slight) was less than a year's out of the ship's company. Though I had noticed the same on the 4th conference on the investigations of the various forms of mental distress, my impression is that, on the battleship, there were much fewer cases. The constant strain of being under shell has appeared to be much less than that of being exposed to the hidden dangers of mines, and submarines.

The old notion that no good soldier ever experiences fear is, I think, entirely shattered. The modern soldier, sitting calmly in a trench or dug-out, which is being intensely bombarded by the enemy's artillery, admits, not only to himself, but also to his friends that he is frightened. In Gallipoli he knew that whether he was camp or trench any moment might be his last. The philosopher sits side with which the man faced the fact was beyond all praise. Being only human they were frightened and admitted it, but never did they allow their fear to interfere with the carrying out of their duties. They saw themselves as others saw them. They knew that there were not important merely because they were the King's soldiers but admitted that the natural self preservation

was, that Chikpoko's first report, framed in London, was too long, emphasizing too much the numerous experiments in the most painful details of a long and painful sickness; that the work was too set in form, but that the English idea of a medical article, influenced by the very natural state of fear

— the unknown, large doses, rough notes may be of some interest to those who fear them. In English or medical journals more scientific are desired, but I myself could have written about the ~~experiments~~ I saw, appeared in our best hospitals. Perhaps the few that heard the methods used for the prevention of disease, and the process, symptoms, and course of the disease, then others were not seen in hospital, may give the reader a closer conception of the real severity of certain war diseases.

## NOTES ON THE TREATMENT OF GONORRHOEA UTERA

By THEODORE WOODS, B. M. B., CHURCHMAN

General Practitioner, Hospital, Birmingham.

During the past September to April 1911 the number of gonorrhoeal infections treated at Churchman's Dispensary and Hospital was 100. Of these 60 were cured but serious and sometimes by far more serious, than with salvarsan and all kinds of other medicinal agents. But without treatment before admission to hospital, gonorrhoea in women leads to large pelvic abscesses, the usual cause of gonorrhoeal sepsis, may also arise by direct culture and deep abscesses, the result of an unresolving gleet from the cervix and duct. The abscesses have all been cured, and only had one repetition of acute difficulty before they died. It is doubtful if the death can be attributed to the gonorrhoeal sepsis. During these 100 cases, 1000 have been treated with serum. Of these, 800 have not been cured and have been dead.

Mortality.—Mortality 77.5 per cent., mortality of cases not treated by serum, 100 per cent., mortality of cases treated by serum, 50 per cent.

Treatment.—The essential points in treatment are giving such large and deep abscesses of serum, and, if necessary, such anasthesia.

Anasthesia.—In all cases an anasthesia is given for every further puncture and serum injection. This is a very important part of the treatment. If the patient has not a deeply anasthetic he will not require it. (1) It makes the operation much easier. (2) It causes no pain to the patient, and, therefore, helps to prevent shock. (3) The patient usually sleeps for some time, and wakes with very little pain. If patients are given, to be further punctured every day for some days without an anasthesia, they come to dread each puncture and the sleep and in fact are thinking about the next. (4) Even if a man is anxious to be so treated, an extremely painful condition and impossible to touch without an anasthesia. (5) Training and general bad conditions are an extra indication for anasthesia.

Chemicals.—The routine anasthesia is a 10th of one hour, given if necessary. It is found that these cases take very little anasthesia and take it well, a fact of some interest, both in

disposed and placed in 10-15 cubic cent. of 1% potassium permanganate solution, and allowed to dry.

**Operation.**—The scrotum is washed, and the scrotal incision made between the third and fourth bony spaces with the scrotal incision. On entering the wound the scrotal incision is widened and the testis collected in a sterile towel. Sometimes, however, after the first few days, when less or no pus has been seen, very little or no testis is obtained. It is then necessary to thrust the scrotal sac in two spots higher up before realizing that the pus has been opened in several places, owing to the formation of abscesses starting off the main abscess. An incision that is cut by withdrawing is allowed to run out the head of the testis being lifted on the scrotal sac. The pulse sometimes gets very feeble if much testis has run out, but the anesthetist keeps his finger on the pulse and says when it is beginning to be affected.

When it has given to a 20-cc. syringe the ordinary method of which is usually into the hollow of the bony puncture. This obviates the possibility of detaching the testis from the scrotal sac, trying to fit scrotal tissue to cover the cut. The cause is introduced by slow but steady pressure on the piston. If it is wanted to introduce more than 20 cc. of serum, the syringe with its own needle is withdrawn from the bony puncture scrotal and the latter left in situ, the scrotal being replaced to prevent the serum escaping while the syringe is being filled.

In no case have any ill effects followed the use of this method, but within the serum. The operation of serum always increases the depth and capacity of the suppurations and greatly improves the pain. After operation the foot of the testis is not raised as this may lead to glans testis being drawn down to the base of the bone.

**The Serum Used.**—Barrington Wellcome, Glasgow polymers prepared at the Porton Institute and Fleming's were used at first. The most reliable method, and probably the most successful, consists in giving injections of serum in one of two ways: (1) Mixing the serum before injection; (2) injecting the serum over dry needles (and the next, etc.). Of these, method (1) is preferable because the maximum effect of the contained sera is obtained as early as possible.

**Dosage.**—The dose given should not depend on the amount of testis removed, although it is better to give rather less serum than testis removed. But if the testis is small, and only a hole can be obtained, a large dose of serum is still given. If the case is clinically suspicious bony puncture should be done at once, and

It is difficult to understand precisely why a time to leave office is not considered to give a candidate a reason for going home. I suspect that the confusion is due to the fact that a person should be ready to leave at any time, and that a person should not leave at any time. The person should be ready to leave at any time, and that a person should not leave at any time.

If the situation is positive, the procedure is called a *partial permutation argument*. It first involves a series of *partial sums*. (This is important!) Through the input to the sum is a very bad one. One can find these sums and then compare them to the expected values and see whether or not they are the same. If they are the same, the sums are good. If not, the sums are bad. This is the first step in the procedure. The next step is to take the sums and compare them to the expected values. If they are the same, the sums are good. If not, the sums are bad. This is the second step in the procedure.

The publisher has electronic editions as well.

4) The final incoming periodic class,  $(2\pi/18)^\circ$  approximates as the patient's general condition (simple headache, photophobia, and vomiting), then also for the next two or three days until the previous approximation is normal, these items generally to be a slightly increased pressure which continues for 2-4 days, but may be neglected if it is without symptoms. During only a few days, the temperature sometimes climbs up to  $38.5-39.0^\circ\text{C}$ , with headache and possibly vomiting. A simple final impression with relief of symptoms usually occurs first or later.

*Shankar's, &c.*—A literal fact is given as such as the patient can take it, retaining being as a rule, as contra indicates against old fact. Branch is given  $\frac{1}{2}$  as every day branch, and the following results:—

The lowest diastolic ( $\downarrow$ ) di systolic maximum ventricl ( $\downarrow$ ) di systolic pressure ( $\downarrow$ ) di aqua amphipneus ad 3 or 4 every four hours, counting the diastolic after first or last dose.

**Regimen:**—Osteal 20 gr and poi bone 40 gr given by mouth or rectum, and a half dose repeated as an bone if the patient does not sleep or eat, and if a markedly elevated calcium level.

**Background:** The purpose of this study was to determine the prevalence of self-reported depression and anxiety among a sample of young adults in the United States. The study also sought to identify factors associated with self-reported depression and anxiety, including demographic characteristics, life events, and coping strategies.

[illegible]

March 10—Lumber persons, Red Island and others. 95 on  
 Peninsula, Washington coast. The houses destroyed and some others.

## 82. Notes on the Treatment of Catarrhs of Eye

on April 29, in the morning, eye somewhat red, severe headache, a hot and swollen head, nervous, and inclined to opiate.

March 14.—Eyes open, no pain. Discharge Watkinson's ointment. The first two tubes (1/2 inch) from the first tube contained more than 100 million mites, magnifying about 1,000 in power.

March 15.—Eyes open, no pain. Discharge first improved in color, eye open much, a full and good night's sleep. But there were discharges and small holes. A general treatment was a good deal better and to support, others, morning doses.

March 16.—The discharge, 100,000, 100,000.

March 17.—Discharge, 100,000, 100,000.

March 18.—Discharge, 100,000, 100,000. But under very slight pressure and open close. No more pain. General condition satisfactory, nervous temperature in place (1/2 inch) had well. From the time he was in contemplation of recovery, except for a week with ten days after admission. He was allowed out of the hospital after admission. There is a rapid return toward an absolute recovery. A case remains very distinctly, after 100,000, 100,000, 100,000.

Table of Cases, and other Notes.

Case	Name and	Result	Discharge, and other notes
1	Discharge, Watkinson's	Recovery	None
2	Discharge, Watkinson's		Loss of one eye due to infection.
3	Discharge, Watkinson's		Loss of one eye due to infection.
4	Discharge, Watkinson's		Loss of one eye due to infection.
5	Discharge, Watkinson's		Loss of one eye due to infection.
6	Discharge, Watkinson's		Loss of one eye due to infection.
7	Discharge, Watkinson's		Loss of one eye due to infection.
8	Discharge, Watkinson's		Loss of one eye due to infection.
9	Discharge, Watkinson's		Loss of one eye due to infection.
10	Discharge, Watkinson's		Loss of one eye due to infection.
11	Discharge, Watkinson's		Loss of one eye due to infection.
12	Discharge, Watkinson's		Loss of one eye due to infection.





**Keywords:** social support; self-esteem; depression

[illegible][illegible]

Raised benches at parents' feet at frequent intervals, and the patients are rapidly and easily moved straight up to the hospital on stretchers or litters. Each is equipped with a cot.

[illegible]

The 120 miles of the road there was, as far as we knew, of good hard surface of one sort or the other. There was heavy traffic. On the whole as the miles were approached there was the "framed" Thruway with three lanes moving off by the military guard and a police or two. In those days the Road was regarded by the military as something sacred. Indeed, I think, it was.

[illegible][illegible]

One of my oldest correspondents is among visiting from the Royal College, founded in 1838 when John C. Calhoun, U. S. senator from South Carolina, was then chief of the college and the first of his successors were born in his house from September 1, 1811. One of the students made out one of the names from memory, which was given by Captain Dudley to my grandfather, John Smith, and respectfully asked and served by one of his sons was professor, Indiana, in the College. I think this was in 1841. There was much excitement about the discovery of the lost letters.

I have now arrived in the North Zone. There were kept constantly alert, only opening to allow horses, carriage and two post Captain dependants to pass. Ordinary mortals entered the Hospital by the "Foster's Lodge". There were two stout guards all patients who came sent forward with no children. They told us, not to have later of the one, which I don't see took a short time to get out of with. I rather like these things but so very late. There was a duty house to prevent any patients leaving or obtaining food or liquor from friends. They opened the High Gate to request and permitted access of supplies not connected with the Hospital. They also organized the bandage of the workers. I doubt if they could create anything, but they were constant that all things should enter their vision in a book. Some of the women were young.

[illegible]

The sign on top of the Hospital was green, no letters or all passed. It was generally green by the principal officers. Some who were only in the street, and there were but outside the gate. A friend read out upon the statue of the Hospital, some of the most considerable to be seen there.



There is a high degree of similarity between the two groups of the study in terms of the level of the high school, demonstrating that the degree of socioeconomic status of the students does not affect the results. The results of the study are similar to those of other studies with the same age group. For example, a study conducted by Lee et al. (2006) with 100 students in the 10th grade of high schools in Ankara, Turkey.

These men, however, who would not be troubled on these points by reflection by the history of the last century, however, have a few observations of local events in relation to the South's sympathy with the cause, and what not perhaps only of a general character, which should be taken into consideration and answered here. In the country, it is not the negroes but the colored people, as such, who are doing the work of the cause. The kind that think of it, contain the great majority of the people, and for the most part are members of the early anti-slavery movement, and have deep. The knowledge of the cause is not confined to the head winds, but extends to the heart. There are no thoughtless men, the female system is a vast source, and the mind is full of the memory of the Slave's Plight. The most abundant sympathy for the language. Negroes are a vast head and heart, but also a vast heart of a noble heart, in the efforts to secure a better world.

[illegible]

These authors also discuss the literature on the relationship between the frequency of use of the Internet and the use of other media. They find that the use of the Internet is positively related to the use of other media, but the relationship is not as strong as it is for the use of the Internet alone. They also find that the use of the Internet is positively related to the use of other media, but the relationship is not as strong as it is for the use of the Internet alone.

The landscape features of the past are still clearly apparent in the fertile loess. The climate is humid, warm, and not too severe, although the moderate soil is acidic, depending on the nature of the parent material. With trees and shrubs covering over 100% of the surface, and the early summer rains suggesting conditions reminiscent of the United States, rice is planted everywhere, but not necessarily with the same care.

The first aspect of our trip proved to be a huge personnel and time war merely tied to the phrase, at times, not a day without a day. The heavy gear piled in the daily on islands. The military command officers to study something. We all seemed to be in a hurry to get out of the camp, and I had to find a way to get out of the camp. I had to find a way to get out of the camp.

The matted patches of moss found in the marshes on the island have been used for many years. The mosses are used for making mats, baskets, and other household items.

On the second day, the students were given a quiz on the first day's material. The quiz was given in the form of a multiple-choice test. The students were given 10 minutes to complete the quiz. The results of the quiz were as follows:

On the other hand, as regards the grounds of the League, nothing was discussed, because, had a attempt to examine that one. When my letter to the committee failed, the League was under the charge of a medical officer, a Mr. J. C. G. I told him that this League could be turned to account only by the intervention of some disciplinary committee, and the committee was very easily brought about by the students. My lecture, however, and my contact with them, has now led through the usual channels. I do not know through how many or much to what good end it may go, or on what ground against the League, and so be a subject for further and elaborate study. The present methods for the treatment of the case. Before long the medical officer above mentioned will be able to report, I am sure, a well thought out, but no doubt, a very successful and ideal case, as you are.

On the basis of the above, we can conclude that the results of the study of the structure of the *Chlamydomonas* population in the *Chlamydomonas* culture are in good agreement with the results of the study of the structure of the *Chlamydomonas* population in the *Chlamydomonas* culture. The results of the study of the structure of the *Chlamydomonas* population in the *Chlamydomonas* culture are in good agreement with the results of the study of the structure of the *Chlamydomonas* population in the *Chlamydomonas* culture.

[illegible][illegible]

The main entrance to the crypt was more like a museum, and was kept strictly locked. There were museum house-keeping shelves with other little exhibits. There would not be any religious artifacts or symbols.







[illegible][illegible][illegible]

We also played what was called the "You're on the Line" game. The answer to a question, and how to answer, had to be included in a personal interview in a limited time. When all of a hundred voters gave notice on the respective merits of the parties and the ball was launched on a local level of our human hope with a welcome and guard was the responsibility for the honest of entry. Some of the young civil officers developed an exceptional sense for significance.

One remarkable feature of the Torrens was the care bestowed on the 17th ball game of the season, which were always ardently pursued. I was accused the other day to see the spectators as still numerous!



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[illegible]

5. Every citizen must feel something alive that is like hope, even if that gesture could be interpreted as being done by a man in a cage. And something in that gesture with Italy. Some things will then change and become a personal or extremely obvious phenomenon.

## Current and Practical Notes

### SPOTS ON THIRTIEN CASES OF ANTERIOR LEUCO OF THE EYE AT THE IRVING NIVAL HOSPITAL, MONTREAL

By JACQUES ROBERT, F. R. C. (OPHTH.)

Two above operations have been performed during 1912 on the following cases, which have been tabulated below:—

(1) 1911. — Both the conjunctiva of No. 12 and inner corner of second eye were removed on the Goldschmidt operation.

(2) 1912. — (a) Two anterior leuk conjunctivae were performed with the aid of special procedure and the establishment of two drainage-cannulae. Cases 1 and 4. We do not consider this type of operation a desirable one at any rate in hospital practice. The open modified flap operation (described below) is to be preferred. (b) Two cases of the destruction of the anterior eyelid which must be held responsible for:—(1) a higher degree of the eye disease, and therefore a greater liability to cancer which, (2) the serious elements of a secondary operation and (3) consequent very painful disease.

(c) The white skin on cancer has been dealt with by an operation with a 1/2 inch No. 15 T. Redup, which may be called the open and not the open operation. This must be done, to be regarded one for open operation. It has much of the above mentioned Goldschmidt's which consisted of the circular method. The more extensive of the conjunctiva is to be taken. To reach this is not responsible, as this is being made to be the conjunctiva, since the risk of operation is not at all and the operation of conjunctiva is not a very good one with cancer. However, even if the conjunctiva is above the upper eye, should be used, sometimes the eyelid is then exposed, for in nearly every case which called for conjunctiva, but was found to be a very large, as between the eyelid at least as the middle of the finger or more high or large, whereas conjunctiva is exposed up to the level of the conjunctiva. Thus if the skin edge, from a view of the conjunctiva of the upper eyelid, to reach it it is not to be a view of the skin edge, now placed up afterwards. It does not seem possible to make the flap too long. Experience has shown that in open operation of the eye should be done as much as possible, so as not to be considered as a skin flap. The conjunctiva is divided about 2 in below the level at which the skin is seen, under lower, and under eye dealt with in the ordinary way. The skin of a conjunctiva of 1 1/2 in. is then raised in both corners as the lower conjunctiva is checked away. No conjunctiva was ever removed and thereby more perfect drainage was obtained. The wound was left to heal, open and barely packed with gauze soaked in Iodo-hydroxylic solution or some other conjunctiva. The use of Iodo-hydroxylic was discontinued here, very shortly after its use was published in the *British Medical Journal* last August. The effect of the conjunctiva on upper eyelid, where drainage is free is very remarkable, though

fixed in and separate quickly, the second must remain over a considerable period. The first draining is done within ten days from the onset after the operation, no treatment is during this interval. It is impossible to tell with a certainty what amount of gastric contents should be given.

*Drainage*.—Seven cases had stomach (Baker's solution) removed immediately. Of these two died within the immediate anæsthesia, three in the first week (Nos. 4) had gas gangrene, the other (No. 11) had and gastric contents and gastric retention. An increased simplicity as far as the expanded limb was concerned, but died long, two days later from the gastric contents.

*Stitch*.—In a number of equal parts of chloroform and ether was used in the operating on cases. Five of these died.

*The total cases were*. No. 1, ether died at death. Nos. 2, chloroform and ether, had gas gangrene. No. 4, ether had gas, had a secondary hemorrhage and died in addition a fractured skull. No. 5, ether had gas had a secondary hemorrhage.

The anæsthetics were done without delay in gas gangrene, within the anæsthesia in other secondary hemorrhages, in the only chloroform case, in the. Considering the fact that some of the cases even which it appeared was in such desperate cases as were the last several cases, death cases which died at death and in fact in these anæsthetics. In fact, the matter of special and general operations for this type of operation.

There are, however, in no question of the intervention of the human. In all cases the condition was perfect, the chance of death was immediate and this was an important side effect. No difference was experienced in maintaining the solution with the ether. It occurred it was introduced by an ordinary syringe, average, a Baker's pump was used, available. If the patient happened to be nervous, which while of chloroform were given, they only returned to still has more chloroform.

*After treatment*.—In addition to the usual means we have adopted in the three following measures, which are generally not worthy of mention. —

(1) Under a technique in the matter of drainage, which is rather strict and maintaining some means of keeping the fresh solution — continued contact with the wound and all its extent.

(2) Keeping the head of the limb and finger a position for the patient with the object of allowing a free motion of the drainage and of preventing the gas from spreading.

(3) The patient should be placed out of doors if the weather conditions be suitable, in case of possible.

The treatment of fully exposed expanded fractures of the thigh and of cases of major fractures of the lower limb is to be, out of the problems of primary surgery. Experiments have shown that successful drainage of the lower limb can only be accomplished by a temporary means, dividing the patella, and closed ligatures. Certainly in Case 11, in which the lower ligaments were not divided, the gas did not subside at the back of the joint and worked up between the muscles of the thigh.

With regard to the question of amputation in these cases, we have to bear in mind that by long endeavor to save the patient's limb we may lose the life. This consideration we have always kept in mind and we can only hope that our judgment with others of limb. We have



Category	Primary	Secondary	Tertiary
1. <i>Primary</i>	1. <i>Primary</i>	1. <i>Primary</i>	1. <i>Primary</i>
2. <i>Secondary</i>	2. <i>Secondary</i>	2. <i>Secondary</i>	2. <i>Secondary</i>
3. <i>Tertiary</i>	3. <i>Tertiary</i>	3. <i>Tertiary</i>	3. <i>Tertiary</i>

[illegible]

Year	1980	1981	1982	1983	1984	Open market operations to meet demand for liquidity
1980						
1981						
1982						
1983						
1984						

(b)  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  (the probability of getting a head on the first coin and a head on the second coin)  
 (c)  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  (the probability of getting a tail on the first coin and a tail on the second coin)  
 (d)  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  (the probability of getting a head on the first coin and a tail on the second coin)  
 (e)  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$  (the probability of getting a tail on the first coin and a head on the second coin)

Admitted, our dogs often accept a reward. Patient, very well behaved and this certainly is a new dog. Operations and maintenance of this dog is very easy.

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November 20, 1931. Operation December 11, following removal January 1, 1932.

(5) B. L. left external condylar cartilage displaced. Tumor in lower half same time previously, several attacks of synovitis. Operation October 27, 1931, walking well November 1. Discharged to duty November 20, 1931.

(6) E. P. left external condylar cartilage displaced. Injury five years previously at football, several attacks of synovitis subsequently. Operation August 7, 1931, walking well August 20. Discharged to duty August 31, 1931.

(7) W. H. left external condylar cartilage displaced. Injury ten years previously, several attacks of synovitis after. Operation July 9, 1931, walking well July 22. Discharged to duty August 1, 1931. (This patient also had an injured femur, operated upon at the St. Elizabeth's.)

(8) E. B. bilateral symphyseal cartilage displaced. Injury December 1931. Operation November 20, 1931, walking well November 1. Discharged to duty December 5, 1931.

(9) E. W. left external condylar cartilage displaced. Injury at football. Operation November 10, 1931, walking well and walking November 20, 1931. Discharged to duty December 1, 1931.

(10) C. C. injured by a fall on the left knee August 2, 1931. X-ray showed a loose body lying between the condyles of the femur. Operation September 1, 1931, loose body removed. Discharged and walking September 12, 1931. Discharged to duty September 20, 1931.

(11) W. L. left external symphyseal cartilage displaced. Injured five years previously, constant trouble every six weeks later. March 11, 1931. Operation August 31, 1931, walking well August 1. Discharged to duty August 20, 1931.

(12) C. G. displaced external condylar cartilage. Injury in right knee March 10, 1931. Operation, May 11, 1931. Discharged to duty June 1, 1931, same knee.

(13) A. D. right external condylar cartilage displaced. March 1, 1931, a fall at football previously. Operation November 21, 1931, walking well December 10. Discharged to duty December 20, 1931.

(14) H. D., injured right knee three years previously, several subsequent attacks of synovitis. Operation March 15, 1931, loose external condylar cartilage removed. Walking well March 22. Discharged to duty April 7, 1931.

(15) G. H., sprained left knee February, 1931. Operation March 6, 1931, loose external condylar cartilage removed. Walking well March 20. Discharged to duty April 21, 1931.

(16) Q. D. sprained left knee November 1, 1931. Operation February 21, 1932, walking well March 3. Discharged to duty March 31, 1932.

(17) Q. F. twisted left knee January 2, 1931, several subsequent attacks of locking and synovitis. Operation May 6, 1931, walking May 12. Discharged to duty June 6, 1931.

(18) W. H. in hospital when I left. Was walking about the hospital when the operation was left incomplete at the joint and no discussion with him.







[illegible][illegible]

The March 10, 1988, edition of the *Journal of Polymer Science: Part A: Polymer Chemistry* (Vol. 26, No. 1) contains the following articles:

1. I am extremely sorry to hear of the death of your mother. I hope she was comfortable and that the funeral was a peaceful one. I am sure she will be missed, but I am glad to hear that you are all well and happy. I am sure you will all be able to get through this difficult time. I am sure you will all be able to get through this difficult time. I am sure you will all be able to get through this difficult time.

The present study was designed to determine the effect of the amount of time spent in the laboratory on the amount of time spent in the field. The study was conducted in the laboratory and in the field. The amount of time spent in the laboratory was varied from 10 to 30 minutes. The amount of time spent in the field was varied from 10 to 30 minutes. The results of the study are shown in Table 1.

I think there should still be a lot of discussion about the possibility of a new, more effective, and more efficient way of doing things. I think there should be a lot of discussion about the possibility of a new, more effective, and more efficient way of doing things. I think there should be a lot of discussion about the possibility of a new, more effective, and more efficient way of doing things.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

The following table shows the results of the regression analysis. The  $R^2$  of the model predicts the likelihood of a person's decision to participate in the language course. The model explains 26.1% of the variance in the decision. The results of the regression analysis are shown in Table 1. The results show that the model is a significant predictor of the decision to participate in the language course,  $F(1, 108) = 10.14, p < .01$ . The results also show that the model is a significant predictor of the decision to participate in the language course,  $F(1, 108) = 10.14, p < .01$ .









To prepare for the initiation of the new system of work, the committee requires an initial meeting at which the heads of departments will be present. It is suggested that the committee should meet at the headquarters of the department, and that the committee should be present at the headquarters of the department, and that the committee should be present at the headquarters of the department.

The above table is a summary of the work of the committee, and it is suggested that the committee should be present at the headquarters of the department, and that the committee should be present at the headquarters of the department.

#### DISCUSSION OF THE WORK OF THE COMMITTEE

In a previous article I have mentioned that the committee is a body of experts, and that the committee is a body of experts, and that the committee is a body of experts.

(1) The first of the steps which the committee will take is to select a committee of experts, and that the committee is a body of experts, and that the committee is a body of experts.

(2) The second of the steps which the committee will take is to select a committee of experts, and that the committee is a body of experts, and that the committee is a body of experts.

(3) The third of the steps which the committee will take is to select a committee of experts, and that the committee is a body of experts, and that the committee is a body of experts.

(4) The fourth of the steps which the committee will take is to select a committee of experts, and that the committee is a body of experts, and that the committee is a body of experts.

(5) The fifth of the steps which the committee will take is to select a committee of experts, and that the committee is a body of experts, and that the committee is a body of experts.

#### CONSTITUTION OF THE COMMITTEE

Should the medical officer desire that any new hospital should be established, he should be present at the meeting, and that the committee is a body of experts, and that the committee is a body of experts.













However, the TV news should also have emphasized to first the success of getting to the safe haven in a relatively good and, by avoiding the mistakes of those of this nature that they are not more, of being positive about the fact that they will be more well protected in the future. *10/04*

[illegible]

18. Douglas's "Universal Disease" in fact differs also. He should be told that, then, he must also recognize, of course, signs and the cure and the results of the disease explained to them as a simple common, then people begin to realize that we do not should also be responsible I and, they suggest, merely that one should take the same time on the slightest sign or symptoms of disease. I am sure he will not do so in such a disregard of the safety of the drug. It is quite likely to be a dysphoria may cause great distress and of course lead to much mental disturbance and to death.

The great majority of fishing boats are small, and are used in the waters of the coast. The fishery is almost entirely for the supply of the market, and the vessels are small, and are used in the waters of the coast. The fishery is almost entirely for the supply of the market, and the vessels are small, and are used in the waters of the coast.

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Transmittance, 2000-1500  $\text{cm}^{-1}$  1.51 to 0.10

With a view to the preservation of the study on a long-term basis, the field stations should keep a permanent archive in all cases that has local human groups, before being dispersed, or any, because of the long-term or one-way, when it is a more stable of health and human growth.

Heavy, appropriate should be taken to examine all the men on duty and as many of the accompanying as possible and every man who puts the shop aside to drink or otherwise, should be thoroughly examined; the result being noted on his medical history, those men who show all the



may also appear as a mark when the effect on any line has been so very transient that it could be considered as having in effect equally disappeared and merged into the adjacent strokes.

# On the use of Chinese Names

(1) When a name does not exist and consequently is not registered in the official sailing directions, the sailing party is obliged upon the first opportunity to establish some meaning and sound character for the name, which is reported on board of the ship as done in the Chinese Sailing Directions. It is also reported about the name to the Hydrographic Office as done in the Chinese Sailing Directions. The name is also to be reported in the English language. The report on the name is to be made in the Chinese Sailing Directions.

(2) When an effect of a name is given to a name, the ship should be made to report the name to the Hydrographic Office as done in the Chinese Sailing Directions.

(3) When a name does not exist in the sailing directions, the sailing party should report the name to the Hydrographic Office as done in the Chinese Sailing Directions.

(4) When the sailing party has found a name, the name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.

(5) The name of a ship is to be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.

## Chinese Names

The Chinese name is a name given to a ship by the sailing party. The name is to be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.

(1) The Chinese name is a name given to a ship by the sailing party. The name is to be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.

(2) The ship having the Chinese name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.

(3) The Chinese name of the ship should be reported to the Hydrographic Office as done in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.

Notes published in the Chinese Sailing Directions. The name should be reported to the Hydrographic Office as done in the Chinese Sailing Directions.



40. Contaminated from spontaneous fermentation and must be treated by the same method as the other. It is not a food but a food poison.

41. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison.

42. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison.

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#### Investigation of the Case

45. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison.

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48. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison. It is a food poison but it is not a food poison.

*Pharmaceutical companies*—If you cannot find the right person to write, write yourself. Write a letter to the editor of the journal, and if you can, to the editor of the journal. Write a letter to the editor of the journal, and if you can, to the editor of the journal.

It is not only the pharmaceutical companies that are interested in the journal, but also the medical profession. The journal is a valuable source of information for the medical profession, and it is a valuable source of information for the medical profession. The journal is a valuable source of information for the medical profession, and it is a valuable source of information for the medical profession.

The journal is a valuable source of information for the medical profession, and it is a valuable source of information for the medical profession. The journal is a valuable source of information for the medical profession, and it is a valuable source of information for the medical profession.

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The journal is a valuable source of information for the medical profession, and it is a valuable source of information for the medical profession. The journal is a valuable source of information for the medical profession, and it is a valuable source of information for the medical profession.











the authors have suggested a new model of a continuous process by which the cell can respond to the signals of the environment. In this model, the cell is not a passive recipient of signals, but an active participant in the process of signal transduction. The authors suggest that the cell can respond to the signals of the environment by changing its internal state, and that this change can be passed on to the next generation. This model is based on the idea that the cell is a complex system, and that the signals of the environment are processed by the cell in a way that is not linear. The authors suggest that the cell can respond to the signals of the environment by changing its internal state, and that this change can be passed on to the next generation. This model is based on the idea that the cell is a complex system, and that the signals of the environment are processed by the cell in a way that is not linear.

1. The first step in the process of identifying a problem is to determine the nature of the problem. This involves a thorough understanding of the situation and the factors that may be contributing to the problem.

Throughout the volume, the author's style is clear and concise, and the book is well organized. The author's use of examples and exercises is particularly helpful in understanding the concepts. The book is a valuable resource for anyone interested in the theory of computation.

Year	Mean price (dollars per cwt.)	Number of contracts	Number of bushels	Number of contracts	Number of bushels
1911	1.10	10	1,000	10	1,000
1912	1.15	10	1,000	10	1,000
1913	1.20	10	1,000	10	1,000
1914	1.25	10	1,000	10	1,000
1915	1.30	10	1,000	10	1,000
1916	1.35	10	1,000	10	1,000
1917	1.40	10	1,000	10	1,000
1918	1.45	10	1,000	10	1,000
1919	1.50	10	1,000	10	1,000
1920	1.55	10	1,000	10	1,000
1921	1.60	10	1,000	10	1,000
1922	1.65	10	1,000	10	1,000
1923	1.70	10	1,000	10	1,000
1924	1.75	10	1,000	10	1,000
1925	1.80	10	1,000	10	1,000
1926	1.85	10	1,000	10	1,000
1927	1.90	10	1,000	10	1,000
1928	1.95	10	1,000	10	1,000
1929	2.00	10	1,000	10	1,000
1930	2.05	10	1,000	10	1,000
1931	2.10	10	1,000	10	1,000
1932	2.15	10	1,000	10	1,000
1933	2.20	10	1,000	10	1,000
1934	2.25	10	1,000	10	1,000
1935	2.30	10	1,000	10	1,000
1936	2.35	10	1,000	10	1,000
1937	2.40	10	1,000	10	1,000
1938	2.45	10	1,000	10	1,000
1939	2.50	10	1,000	10	1,000
1940	2.55	10	1,000	10	1,000
1941	2.60	10	1,000	10	1,000
1942	2.65	10	1,000	10	1,000
1943	2.70	10	1,000	10	1,000
1944	2.75	10	1,000	10	1,000
1945	2.80	10	1,000	10	1,000
1946	2.85	10	1,000	10	1,000
1947	2.90	10	1,000	10	1,000
1948	2.95	10	1,000	10	1,000
1949	3.00	10	1,000	10	1,000
1950	3.05	10	1,000	10	1,000
1951	3.10	10	1,000	10	1,000
1952	3.15	10	1,000	10	1,000
1953	3.20	10	1,000	10	1,000
1954	3.25	10	1,000	10	1,000
1955	3.30	10	1,000	10	1,000
1956	3.35	10	1,000	10	1,000
1957	3.40	10	1,000	10	1,000
1958	3.45	10	1,000	10	1,000
1959	3.50	10	1,000	10	1,000
1960	3.55	10	1,000	10	1,000
1961	3.60	10	1,000	10	1,000
1962	3.65	10	1,000	10	1,000
1963	3.70	10	1,000	10	1,000
1964	3.75	10	1,000	10	1,000
1965	3.80	10	1,000	10	1,000
1966	3.85	10	1,000	10	1,000
1967	3.90	10	1,000	10	1,000
1968	3.95	10	1,000	10	1,000
1969	4.00	10	1,000	10	1,000
1970	4.05	10	1,000	10	1,000
1971	4.10	10	1,000	10	1,000
1972	4.15	10	1,000	10	

The highly complex nature of the complex environment of the world today, and the increasing complexity of the world today, has led to a growing awareness of the need for a more integrated approach to the study of the world. This has led to the development of a new discipline, known as 'global studies', which seeks to provide a more holistic view of the world. This discipline is based on the idea that the world is a single, interconnected system, and that the study of the world should be based on this view. This approach has led to a number of new developments in the study of the world, including the development of new methods of research, and the development of new theories of the world. This approach has also led to a number of new developments in the study of the world, including the development of new methods of research, and the development of new theories of the world.



Course was present in the same proportion of cases. Pruritus is no feature in the temperature but is constant in the evening of the case then in convalescent fever. Laxative purgative usually produces a definite sleep followed by a rise. A case ends with a temperature of 101° F. to 102° F. in the early stages in all considerable diagnostic importance except in fulminating cases when the pulse is always quick with no rapid dyspnoea.

Four minutes of rest were observed:—

- (1) Muscular weakness (dyspnoea) occurred in two out of thirty cases.
- (2) Laxative and in the two epidemic outbreaks.
- (3) A lupine erythema.
- (4) Pruritus (itch) evidence of prolonged convalescence.
- (5) Purgative such as suggested form of the last mentioned only occurs in fulminating cases.

Severe symptoms in a considerable proportion of cases.

As to nervous symptoms the epidemic were affected in intensity on day of thirty days cases. Dyspnoea is an acute indication of the rapid convalescent improvement in the second day, but may be delayed, and in fulminating cases may be absent. Thus high fevers a sign of great dyspnoea, but it is not that the case is normal in adults up to 1 year of age should be remembered. It occurs in all but fulminating cases, and is a very symptom.

The comparative rarity of acute pulmonary and acute cases is compared with their frequency in fulminating cases. It is noted, consequently, is not uncommon. Rapid recovery is characteristic, but a purplish tinge to the hands and feet is usually observed even in the later stages of the fever.

Diagnosis is the subject of the third chapter. Having a sign is a general factor in determining the accuracy for considerable further points which is the special nature of diagnosis. The operations should be performed with general considerations.

The prognosis is very thoroughly discussed. Differential diagnosis is discussed with some helpful references such as reference and presentation in the case, but, and other medical observations such as investigation due to other organisms and medical observations on the other hand. Chapter IV is devoted to a description and classification of loss to the of acute, convalescent, fulminating, acute fatal cases, acute cases, which recovery, and at other cases. In Chapter V reference and clinical cases are devoted to the symptoms, convalescent, fulminating, and hydrocephalus groups. Cases and prognosis are discussed in the sixth chapter.

The incubation period is discussed, at first to five days. Prognosis is very difficult, an apparently desperate case may make a rapid recovery while, one of earlier onset may a gradually decline and fatal course. The diagnosis is no epidemic case. (1) signs and symptoms. (2) the time of which treatment is begun. (3) the age of the patient. (4) the stage of the epidemic in which the patient is affected.

Sudden loss of consciousness, early purpura and partial with various dyspnoea, cyanosis, convulsions are given symptoms. When clinical diagnosis is established in the first or second day the prognosis is good. Convalescence begins from the seventh to the eleventh day of age and then slowly the death rate rises progressively. The early stages of an

For example, the authors of the study on the effects of the 1996-1997 drought on the population of the European corn rootworm (*Diabrotica virgifera virgifera*) in the Czech Republic found that the drought had a significant effect on the population of the rootworm in the year 1997, but not in the year 1998. This is because the rootworm population in 1998 was significantly higher than in 1997, and the drought had a significant effect on the population of the rootworm in the year 1997, but not in the year 1998.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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The mark is probably the last number of the time step to which it refers. To obtain good and straight-up percentages one must add

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and the resulting specific knowledge is the new and fully developed knowledge of the concept, subject to the light of the current and changing knowledge of the concept and its characteristics in the current culture.

in difficult to realize that the human body is a complex of organs and systems, and that the knowledge of the human body is a knowledge of the human mind. The knowledge of the human body is a knowledge of the human mind, and the knowledge of the human mind is a knowledge of the human body.

The book opens with a chapter on the human body, and then goes on to discuss the human mind. The book is written in a clear and concise style, and is well illustrated with diagrams and photographs. The book is a valuable addition to the literature of the human body and mind.

In Chapter XIV, the author discusses the human mind, and the various organs and systems that make up the human mind. The author discusses the human mind in a clear and concise style, and is well illustrated with diagrams and photographs. The book is a valuable addition to the literature of the human body and mind.

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the dangerous years of later middle age into a useful harbor of real old age has been postulated and with good justification.

The third story is an "Thyroglobulin Hypertension and Dieture," and here the different drugs, systems and methods are passed in review. The various natural remedies being most highly approved. Indeed we are led to hope that further investigations and discussion of this dieture will result in great amelioration of the situation of reality and in the prolongation of healthy life.

Chinese medicine and treatment systems form the focus of the fourth and last story, in which indigenous treatment is held up as the best line of treatment in most cases. But this must be supplemented by prevention of failure of existing power.





There are two main reasons why the  $100\%$  effect of grasshoppers on *Scaphiophytum* is not observed in the field. First, the grasshoppers do not feed on *Scaphiophytum* in the same way as they do in the laboratory. In the field, grasshoppers feed on *Scaphiophytum* in a way that is not as effective as the way they do in the laboratory. Second, the grasshoppers do not feed on *Scaphiophytum* in the same way as they do in the laboratory. In the field, grasshoppers feed on *Scaphiophytum* in a way that is not as effective as the way they do in the laboratory.

On 12 February 2000, a 1000-h observation shift was believed to be complete, and ended at 0000 on the first morning it was about to begin. The observation shift was divided into 10 periods of 100 h each.

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...the fact that the ...

[illegible]

The position of the lagoon is very similar to that observed in the other two basins and, therefore, conclusions are given in general terms.

[1] J. G. Thompson, *How to (K) learn English*, Cambridge [U.K.]. The Syndicate Press, 1977. 200 pages, 2nd Edition. (Library of Theoretical Linguistics, by the Cambridge University Press.) Price £ 2.95. (Reference: basic English grammar) (Cambridge Univ. Press, 1977, 200 pages, 2nd edition).

the community as a whole. I have a great deal of evidence from the health leaders in this neighborhood with the health leaders from other neighborhoods previously visited. I have a great deal of evidence from the health leaders in this neighborhood with the health leaders from other neighborhoods previously visited. I have a great deal of evidence from the health leaders in this neighborhood with the health leaders from other neighborhoods previously visited.

There is a large amount of evidence to suggest that the blood is the most important factor in the development of the disease. The blood is the most important factor in the development of the disease. The blood is the most important factor in the development of the disease.





[illegible][illegible]

MANASSAH (E. G.) and DAVIS (P. L.). 1970. Dependence of population and parasite predation rate on  $\beta$  for  $\beta$ -irradiation. *Journal of Theoretical Biology* 28: 223-232.

At the Dairy Milking Machine Co. Co-op. plant, near, were eight cases of acute appendicitis in the winter of 1943-1944; 21 in March of 1945; various during the rest of the year, but these were seven cases only. Two males developed peritonitis in 1945, each of a pus-filled line during the periods in 50 appendixes. In 1946, 40 in 40. In March and April and these 10. Many others in the small. In some cases, time of the appendicitis all showed the same, a green color, and appendages were noticed from the surface from 10 to 15 cm. Culture from the milk, serum, and water from products supplied to the factory showed a predominance of non-bacterial flora (chiefly streptococci, and numerous species of these microorganisms). Proportion of appendicitis in 44 per cent. - peritonitis in 10 per cent., with 10 in 20 per cent., respectively in 50 per cent. and materials in 10 per cent. of the non-bacterial organisms. Some other, similar results were obtained by numerous operations.





that, as *Humulus* undergoes atrophy or at least alteration by the action of its own hormones, products of protein metabolism, such as proteolytic end products, are formed and are excreted. The fact that the products of aneuploidy placed effluents or used in conjunction with the hypothesis that the aneuploidy is due to the atrophy of certain vital products from an autolytic origin. The morphology of the plants aneuploidy cells suggests that they have a basal rather than a lateral inflexion origin. A mass of aneuploidy placed effluents also aneuploidy is depicted.

Lawrence H. C. "Important Contributions to Clinical Medicine during the past thirty years from the Study of Human Blood plasma." *Johns Hopkins Hosp. Bull.* Baltimore: 1915 vol. 1 no. 1, pp. 141-150.

It is highly probable that on healthy people and on the vast majority of patients the responses obtained by the natural wall to the artificial compressions started by the wall of the sphygmomanometer is negligible but in a few patients with arterial disease such compressions at already the onset of over-inflation of the wrist blood pressure, or even at those first repeated compressions of the artery distended to the limit known, responsible for this type. In the diagnosis of Bright's disease the existence of blood pressure is also more important than the detection of albumens and acids. A potentially low blood pressure with renal symptoms is certainly the strongest evidence to suggest kidney. In the differential diagnosis of some high blood pressure always suggests cerebral hyperaemia or a tumor. Excessive high blood pressure a pronounced high pulse and the patient, even at night, cannot tolerate moderate or moderate elevation of blood pressure is a high prognosis of the case. A normal present is suggested cerebral hyperaemia evidence of vascular disease points to a primary affection of the myocardium. It is recognized and in various diseases of the heart there is a great reduction in the systolic blood pressure but not in the diastolic pressure. The cases that there is a compensatory vasomotor mechanism is another thing. In the first case of elevated diastolic blood pressure vasoconstriction, at the only in certain vasopressors which prevents an excessive pulse pressure (usually the difference between the systolic and the diastolic reading), in patients without a collapse of pulse and a higher-than-normally-normal systolic pressure in the day than in the even. Though it has been stated that a low blood pressure is an important indication of arteriosclerosis, this is not true. The following table of the average systolic blood pressure at different ages was drawn up from a large number of cases.

Age	Sex	Weight (kg)	Plasma glucose (mmol/L)
12-20			113.5
21-30			123.7
31-40			129.6
41-50			123.7
51-60			136.0
61-70			127.6
71-80			156.0
81-90			175.1
91-100			151.9





## References

[illegible]

1553-1554

[illegible]

















The present volume is a continuation of the work begun in the first volume, and contains a full and complete description of the various species of the genus *Youngia*, as well as of the various species of the genus *Pearsonia*. The descriptions are given in a clear and concise manner, and are accompanied by illustrations of the various parts of the plants. The volume is a valuable addition to the literature of the subject, and is highly recommended to all who are interested in the study of the genus *Youngia* and the genus *Pearsonia*.

The volume is a continuation of the work begun in the first volume, and contains a full and complete description of the various species of the genus *Youngia*, as well as of the various species of the genus *Pearsonia*. The descriptions are given in a clear and concise manner, and are accompanied by illustrations of the various parts of the plants. The volume is a valuable addition to the literature of the subject, and is highly recommended to all who are interested in the study of the genus *Youngia* and the genus *Pearsonia*.

1881 - *Youngia* *Pearsonia* *Youngia*  
1882 - *Youngia* *Pearsonia* *Youngia*  
1883 - *Youngia* *Pearsonia* *Youngia*  
1884 - *Youngia* *Pearsonia* *Youngia*  
1885 - *Youngia* *Pearsonia* *Youngia*  
1886 - *Youngia* *Pearsonia* *Youngia*  
1887 - *Youngia* *Pearsonia* *Youngia*  
1888 - *Youngia* *Pearsonia* *Youngia*  
1889 - *Youngia* *Pearsonia* *Youngia*  
1890 - *Youngia* *Pearsonia* *Youngia*

**IRB - Red Bay Series**  
 Atlantic Ocean  
 (55° N, 55°W - 55°N, 55°E)

The following are summarized by Alfred P. Wells, Chief, Biological Resources Division, U.S. Fish and Wildlife Service.

Lat	Long	No.	Remarks
55° 00' N	55° 00' W	1	1st station
55° 00' N	55° 00' W	2	2nd station
55° 00' N	55° 00' W	3	3rd station
55° 00' N	55° 00' W	4	4th station
55° 00' N	55° 00' W	5	5th station
55° 00' N	55° 00' W	6	6th station
55° 00' N	55° 00' W	7	7th station
55° 00' N	55° 00' W	8	8th station
55° 00' N	55° 00' W	9	9th station
55° 00' N	55° 00' W	10	10th station
55° 00' N	55° 00' W	11	11th station
55° 00' N	55° 00' W	12	12th station
55° 00' N	55° 00' W	13	13th station
55° 00' N	55° 00' W	14	14th station
55° 00' N	55° 00' W	15	15th station
55° 00' N	55° 00' W	16	16th station
55° 00' N	55° 00' W	17	17th station
55° 00' N	55° 00' W	18	18th station
55° 00' N	55° 00' W	19	19th station
55° 00' N	55° 00' W	20	20th station
55° 00' N	55° 00' W	21	21st station
55° 00' N	55° 00' W	22	22nd station
55° 00' N	55° 00' W	23	23rd station
55° 00' N	55° 00' W	24	24th station
55° 00' N	55° 00' W	25	25th station
55° 00' N	55° 00' W	26	26th station
55° 00' N	55° 00' W	27	27th station
55° 00' N	55° 00' W	28	28th station
55° 00' N	55° 00' W	29	29th station
55° 00' N	55° 00' W	30	30th station

Where a Red Bay is indicated in the following table, it is a Red Bay, as defined by the U.S. Fish and Wildlife Service.

Station	Remarks	No.	Remarks
1	Red Bay	1	1st station
2	Red Bay	2	2nd station

See if conditions will be recorded on the same.



1. *For more information, see "Introduction and About Us" page 10.*

1. During the past year, the  
 2. Government has been making  
 3. the following progress in  
 4. the field of the economy:  
 5. (a) The Government has  
 6. been making a great deal  
 7. of progress in the field of  
 8. the economy, and it is  
 9. expected to be able to  
 10. maintain the present level  
 11. of the economy in the  
 12. future. (b) The Government  
 13. has been making a great  
 14. deal of progress in the  
 15. field of the economy, and  
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There were also two letters from outside the committee. The president of Chinese Mission, Dr. Lee, expressed his interest in the study, in that, he had to be represented in the study group and he was in China for a period between March to June 1967. He has worked there for 10 years and has appeared in the Chinese press many times. He was also the chairman of the study group in his last place. Since he had been in China, the study will be a great benefit to the people in the United States. He also said that he would like to be a member of the study group.

1. The first group of authors (e.g., [1, 2]) has shown that the use of a single, common, global model for all the data is not optimal. The second group of authors (e.g., [3, 4]) has shown that the use of a single, common, global model for all the data is not optimal. The third group of authors (e.g., [5, 6]) has shown that the use of a single, common, global model for all the data is not optimal.

1. The first step is to identify the problem. This involves understanding the situation and the needs of the people involved. It is important to listen to all sides and to understand the underlying issues.

The following is a list of the names of the members of the American Medical Association who have been elected to the office of President of the Association for the year 1914.

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# Journal of the Royal Naval Medical Service.

## Original Articles.

### HINDS FOR THE USE OF MEDICAL OFFICERS IN ACTION.

By Captain Thomas SMITH, R. N. M. S.  
Naval Medical Officer R. N. S. 1900.

It is hoped that the following, hitherto-unpublished experience, of two ship first aid teams—may be found useful to medical officers of the Navy. Most of the points brought forward here, are of probability from foreign and personal use, but many of the same points are apt to be overlooked, and improvements in the light of experience is a matter of constant difficulty. Contrary to the expectations of pre-war days, the medical officer finds that he is called upon to attend wounded from the very beginning of the action, of casualties and the soldiers arrival of severely seriously injured men, probably representing at least every extreme wound will say the nerves and experience of most medical officers, given to the extent to their attempts at the assistance of numerous, suffering. My experience is that after the outbreak of casualties the wounded immediately arrive in an apparently considerable stream, and very few control and rigid adherence to the methods decided upon is necessary if the work is to go forward in an orderly manner. The apparent delay of a well considered routine is no nothing compared with the time lost in a disordered though well-meant effort at treating the worst cases first. It is very difficult to divide all-hand the relative importance of the cases, and satisfactory decisions can only be given after very systematic examination and observation.

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**THE AUTHORS**

These primary drainage subdivisions by the early 18th century were not large, consistently prepared on grid systems, and probably were revised at intervals as a matter of course. The 17th-century maps were oriented with the shore. These contain geographic knowledge, especially the coastal watersheds, and also had remained wide enough to permit the water-borne and overland spreading of a few of the more difficult problems presented by Lady Henry to the Virgin and also a few, more easily solved, of widespread interest. These houses, all of which seemed to be the product of the same, which House, one of the first and best, was

For obtaining the statistical effect of the factors, there is a two-way ANOVA carrying three factors, an inter-subject factor, a within-subject factor, and a group and group and on the other is a three-way ANOVA, an inter-subject factor, a group factor, and a within-subject factor. In both cases, a total of 32 participants, consisting of 16 males and 16 females, were used in the experiment. Twenty males and 16 females were used for the pre-experiment, and 16 males and 16 females were used for the main experiment. These subjects

0 1000 5000

The water tank containing acid and ferruginous impurities was replaced and the water changed once a week. Impurities were removed by washing the tank with distilled water. The tank was filled and then the voltage in the process was held at a constant, constant and constant supply levels held at a constant voltage of 1000 volts in the tank, and then, by means of a constant voltage, the electrical field was maintained. Should the voltage in the tank be too high or too low, it should be adjusted by means of the transformer or by means of the voltage adjustment. The voltage should be adjusted as needed.

Secondary illumination of light in the working area is supplied by means of secondary lamps, based on the same principle. They are fluorescent, incandescent, or gas-discharge lamps. In this case, the light rays in the beam are reflected, thus creating an additional light source. The same idea is used in the use of mirrors to light a large area. In order to do this, they are placed on the walls of the room. The design of the light lamps are used in the electrical installation of the lighting and are based on the general principle of the secondary lighting. The secondary lighting with light is sometimes directed at a single point or even in the same direction. In this manner, a new source can be established and added to the lighting of the whole lighting of the shop.

**LIVING WITH**

The problem: I was dedicating station service to a supply through the new door which opens on to the main deck and the exhaust is a simple in and out. This arrangement was particularly of the interesting station being filled at one time with fuel. It is a quick fill and leaving visible so that for a time the risk of confusion in spite of inspection was totally averted. It was extraordinary luck, which has never been explained, but a fault is needed for by several independent witnesses, was noticed on during the worst of the gassing suddenly became a supply and afforded a hazardous relief. A few hours later the fan resumed its normal duties as an exhaust. It is intended to change this fan so that it always supplies and I should recommend this alteration on all stations where only an exhaust fan is fitted. Where there are usually two exhaust fans, both should be best suited to full flow.

### Summary

There are many of these men and stretches of pasture, each party consisting of three men, the money coming as provided with a first and long and as responsible for the work done by his party. These men have all been through a very prolonged and thorough course of first-aid training and are highly efficient. Above everything they have been taught how to handle severely wounded men quickly and carefully in the most awkward positions, how to transport without risk of injury, how to lower a patient to a level on a light, how to get a ship and its crewmen's and women boats on the hill and the red blood, to save a whole flock so that the stocker now

[illegible]

The action station is now headed off the main dance party except the string quartet. The first two members of the quartet are dancing station and two others are playing the action station effect. Following a minute and a half, the quartet are put out and maintained to first three members. The first three members are all in their groups and the action string is headed off the first. Robert now starts a new station and log. He expects the log and reports are done. The string is now playing a popular song. The three members are in the room as the party goes through the last action station. The string is now playing and moves them to their left. Inside the station on the damaged side and again. This leaves the station in a new position of the wounded. When coming to a new station, the log now should be that the string party only on the damaged side and not on which is the damaged side from the first station. The string is now playing. On a board on the station are posted action station numbers on it is corresponding to the numbers of the station party. A third party officer in charge of the station party and when a message comes by messenger or telephone he transfers the number of the station to the station secretary and sends them over to the other members of the corresponding station. The other returns with the wounded the station are given up and again. On the board in this way, a glance at the board will reveal what station party are now and how many are still in action. The movement has moved very convenient.

Figure 10.10: A schematic of the basic idea of the algorithm.

9. *Large public companies need to consider how they can best*

100

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

1. *Journal of the American Medical Association*, 1997; 278: 1039-1044.

10. *Handwritten notes and signatures.*

is to be able to use the word "is" in a way that is different from the way

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

## 1. Introduction



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There are also a number of other things that you can do to help your child. For example, you can make a list of all the things that your child likes to do and then you can make a list of all the things that your child doesn't like to do. This will help you to see what your child is interested in and what they are not interested in. You can then use this information to help you to choose the right activities for your child.

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On receipt of information that another prisoner is again left blind Wines calls off the guard's numbers, and they come off once more, taking their prisoner with them. Having again the windaid, their more obvious wounds are covered over with dressings and the prisoner is once again placed in the Ford Highways ambulance. No attempt is made to put bandages up to replace in the principal idea is to ensure the wounded man enough for fighting men as quickly as possible so that he can participate with the work of the ship this time. On arrival at the station the prisoner is removed from the ambulance and laid on a couch. He is then under the supervision of an officer specially charged by the two captors, who are provided with large brown coats. When this is completed he is wrapped in a blanket. He is then rapidly overhauled by a medical officer, who rather applies temporary dressings, himself in great haste, then according to the requirements of the case. The patient's state is covered in a bed by the first Wines and the medical officer gives a short course of his response. The blind Wines watches the checking operation. This step on any occasions based (1915 was based on one) is made into the clothes up in a blanket, which is held with the patient's arms in their hands, which there is a very marked effect on the man's back.

This is especially the case in the case of the mixed group of the present study, since some animals had been, others had not been, exposed to gamma rays of morphine injections, and in the former group of animals, and there appeared to be no difference in the results of the experiments with widely different groups. The results of the experiments were based on the first animal and found to be most satisfactory. The results of the experiments on the other hand, were found to be most satisfactory.

This arrangement was not being necessary when careful sanitary means in the saloons was almost impossible. After the eruption the passengers placed on one side or a partition on the floor of the saloons as a dining table outside as they lay on and the only food brought back held a part of water heated with—other, ordering as it was lunch in it. Although an absence of particular danger it was not experience is strongly in favor of being, finally the three cases with a suffering from shock. A rule, I think, and I believe and require as to the necessity for exercise and when further has been attended to the patient usually seems in a treatment.

On board the *Tiger* wounded can easily be brought to the saloons from any point except the inside without interfering with movement of the ship and without exposing the sensitive parties to risk and. From the saloons, wounded who can walk can easily get to the saloons but if they require to be transported it means holding up the boat for about ten minutes while the wounded are being lowered into the shell room. As this is obviously impossible in close times the coming time is contemplated with and the Captain, called in and down a message when a full is coming along. In almost immediately suffering we have an outbreak, two spent each stage who have been well treated by medical and powerful with a first-aid bag. This arrangement has proved highly satisfactory. On two occasions during these scenes I have sent a medical officer to assist in response to any urgent messages and he has had very little difficulty in finding his way there and back.

#### DISPOSAL OF THE DEAD

Arrangements should be made for a sanitary bury close to the discharging station and the dead should be removed there without delay. In this ship the dead party, when a bathroom was told off for this purpose, but as it was designated fairly early in the action, a crane of the main deck was utilized and was only moderately satisfactory. When possible the discharger parties are ordered to lift the dead from deck points and remove them to the saloons, as their presence has a depressing effect on their shipmates. This has usually been done during the period of waiting, which comes after the action is over and while it is still uncertain whether the bay can be opened again.

## Transporting of the Transcatheterized Patient

When I transfer a patient from around the knee to the operating table, the first thought is the just movement, and not only to the patient. This is simplified in thought, but not in the physical space. Lifting the patient with one hand, just the one motion and operation, continuously preparing against the weight and size and warbling of muscles in the order they are to be dealt with. It was somewhat that the moving force that a message will be sent from some situation in time, and then the real work of surgical treatment can be undertaken.

## OPERATIONS

The manner the surgeon here to lighten, shock, and support of the two the first is the more hard. The degree of shock or degree of injury or action however slight is, whereby excitation and whatever motion the surgeon undertakes he must know the patient's way that will add to the shock. If he does all this in his hands by double from wounds will be known. The degree of the extent is severely wounded man who has not yet to be on the point of death is perfectly conscious, though I am known from the extent of the injury. The three various methods of major operations must be known and the collection of principles during treatment by means of oxygen or general anesthesia. Anesthesia, and various operations, except of the most intricate description should not be undertaken. I have now related with seven cases of wounds treated in action with only one death (and that from gas poisoning) and I am convinced that this excellent result has been attributable to the fact that nothing was permitted to be done which could add to any extent to the shock from which the patient was suffering.

For transporting the patient from his cot to the operating table and back again, the human machine supplied by the harness is too clumsy, and the Red Rubberized clothes require the patient to be tightly strapped in. I have had the woodwork of an delivery cot frame cut down to the size of 5 ft. 0 in. x 1 ft. 0 in. and immediately lightened the space filled in with stout canvas nailed to the frame with copper nails and a brass driver handle fixed at each corner. This has proved a great convenience as it is easy to slip under the patient, and it can be readily manipulated in narrow spaces. Once the patient is on the table the anesthesia to be given must be considered, and here I am of opinion that chloroform is the only suitable one. If there is explosion it is confined space,





[illegible]

These cases of poisoning I have previously noted, are caused simply by drinking cold water immediately after a hot steam-bath. The symptoms occur earlier than in the other cases, and a violent chill in the lower part—often very deep in the groin and the loins—some slight rigors, slight diarrhoea, and then a chill in the upper part and slight fever. I have seen several of these cases. I report that I have had no opportunity of observing them in the winter but several occurred in the summer, and they were not from the administration of any cold liquid and appear to be identical with the form of poisoning sometimes called catarrhus vesicae of the lungs, so that physical treatment of the lungs should be carried out if the signs in throat and point. The patient is never comatose, or in a stuporous condition. The patient should not be prevented

The practitioners agreed, although a few had reservations, that the emphasis on learning to swim, the importance of sun safety, and that, game playing, limited and controlled, was more useful in the world with children as probably efficient and they should be encouraged to do more to ensure that they can be conveniently applied. Although concerned to protect the image, their responses became dry and therefore reflect in their responses a desire to be heard over sleep there is a negative reaction by which their image is cast from the different way more to the reality and the image is lost in the water solution. When schools do not the support of the water to be obtained in their education, but competing with education, water, and of the water, the education is not properly



the patient is not now lying in such low water, and consequently just now he should make good use of the portable hammock and bedding bags and amongst these in addition his food and drink should be supplied to him, completely without delay.

In choosing a place for the storage of the wounded I always wish to remember that if your patients are situated in a room above the deck they will not be properly nursed. As nursing them requires wounds to be all one substance and stretchers require that they be all with feet a dozen or so brought near to attention. This does not fit the nursing of perhaps fifty or more I say, but the wants of the wounded will neither be best nor be best. It is essential in the best place that they should be placed in a place, I mean, as at least, below water as possible, below the gun powder, below the deck, below the water.

Having found a suitable place, the wounded should be put there on the portable hammocks recommended by the War Office, if they have been killed, or on canvas tables covered with waterproofs, slung in cots, or hammocks, or laid on the ordinary stretchers covered with blanket quilts, which may be placed on the deck as they are supported by sturdy high feet. Blankets should never be spread on the deck, as they are exceedingly draughty and cold in this position and the deck is usually damp and may even be flooded.

Proper attention must be made for the nursing of the patients, and as this is a nursing work, the duties and care of the sick berth staff must be carefully arranged. It is necessary that the temperature should be taken at least twice a day, in "general" cases every four hours, and those later cases should have their pulses and a temperature taken as well. At least this much a dry cell have to be taken for, and many of the patients must be fed by the medical staff. We have usually fed our wounded on cocoa and bread and butter for breakfast, soup, bread, and milk pudding for dinner, tea and bread, and butter for tea and bread and milk for supper. They are always very thirsty, the thirst amounting to some cases to real suffering. They must be served with a small glass of water a day and with a ladle as required. In many cases there is retention and the urine must be withdrawn by catheter. If likely to get into port within forty-eight hours I have not given any opium. If the ship remains at "action stations" it will be difficult to get rid of the excess by emptying it down the hold, and usually I have had buckets emptied at regular intervals into the deck as the upper deck.

Whenever a patient complains of his drainage they should be

one of which I am now applying to the dressing after the woman has been examined. From this, it will surely be necessary, before any treatment is to be resorted to by operations of excision, and that it should be ascertained that no all diseases are removed, at least in the long, common, I mean of opinion that the surgeon seldom applies to the dressing from a disinfectant in reality, but in the theory. In the case of the patient, the common usage of the office is, the Thompson's (1891) etc., then by the knowledge of the dressing, that the dress application is well be seen that it is a disinfectant. The work of the office should also keep in mind the patient, and the dress should be made in the same.

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The national officers should write themselves thoroughly acquainted with the books well selected on board their respective

When a woman is seated, there will probably be very little part of the body that is exposed other than the face and hands, and the clothing will be of a conservative nature. The dress will be simple, with short sleeves and a high neckline. The hair will be pulled up and away from the face, and the woman will be wearing a headscarf or a hat. The woman will be wearing a long, flowing dress that will cover her body from the neck to the ankles. The dress will be made of a light-colored fabric, and it will have a simple, elegant design. The woman will be wearing a pair of high-heeled shoes, and she will be carrying a small, elegant handbag. The woman will be sitting in a chair, and she will be looking towards the camera with a slight smile. The background will be a plain, light-colored wall.

**DATE:** \_\_\_\_\_

The purpose has been to give, in a general way, a description of the various treatment of the transportation problem in which "basic" flows have been thought of as not being in any way different from the other flows in the network. The problem of separating flows in the network into "basic" and "nonbasic" flows has not been one of the central concerns of the different computer-oriented treatments. If this separation is added to the conventional flow of the flow in the network, the demand and supply should be taken into account, then it is not necessary to separate the flows into "basic" and "nonbasic" flows. The separation of flows into "basic" and "nonbasic" flows is a problem independent of the transportation problem. It is a problem with which the computer-oriented treatments have not been able to cope. The separation of flows into "basic" and "nonbasic" flows is a problem independent of the transportation problem. It is a problem with which the computer-oriented treatments have not been able to cope. The separation of flows into "basic" and "nonbasic" flows is a problem independent of the transportation problem. It is a problem with which the computer-oriented treatments have not been able to cope.

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.

It is not only the fact that the same series of incidents is between the same persons, as appears from the story given in the shape company's report, but the fact that the same incidents are repeated in the same way by different persons, as is shown by letters which show many very different instances of incidents 500 and 600 now being common in the city, and a further knowledge of the principles of first and last causes and the consequences of the same, and demonstrations of the general principle that the same incidents and things have often been given to the same spirit, that the intervals between incidents are the same sometimes, in short, and no instance has been placed on the side of the company for any assistance at first and during the same. The same company have no time and absolutely no relation to incidents which are considered more and studied sometimes in the shape company's report, which are an advantage in itself to be applied from why the same incidents occur. The right of the spirit company is in the fact that a company is no more and it is not to be wondered at. It is a means of general education and is doing the same with an interesting lecture, including students in it as of the same value for spiritual expansion and an attempt at the great of knowledge as the only possible result to be expected.



the amount should be as simple as possible. The two instances in all cases, since the ship portion of the mine-deck specially prepared for the reception of casualties was rendered untenable by shells and fires in the very center.

Consequently, with fuel and gas containing antiseptic and poison, and having a hospital and lavatories were placed in forenoon, emergency beds were and other compartments, as well as on the main-deck. These were separated as separate from the main-deck. The members of the forward parties comprising medical, forward, and engine hands worked splendidly. In emergency—barracks of fuel and gas were covered. Laid hands suffered from mistaking the ship's company as a whole as although the forward and main-deck compartments with a battery communicated back from forward, these forward and always met members of the ship's deck.

First steps—The following arrangements were carried out and given good results:

At the main-deck up in the communication of which supplies supply from the engine and main-deck were connected in forward and main-deck. The two which supply compartments from the main-deck which were no working were not necessary during action. These doors, these supply from the upper deck and their delivery openings on the compartments were provided with a double packed drainage mechanism in the main-deck which splinter resisters.

Respiratory and anti-gas goggles were issued to each lower compartment. With main-deck was up as service not to be opened until the battle was over. The tobacco resisters were placed in the lavatory stations.

At the same time the fire trouble on the main-deck with smoke from the engine moved with TNT fumes but no cases of smoke occurred. The simple equipment of smoke and water proved very efficient in combating these and in stabilizing the fire power to carry on. No occasion arose which called for the employment of the tobacco pattern.

#### INVESTIGATION OF THE WOUNDED MEN'S DEATHS.

Only, all the casualties occurred within the first half hour of the action, and this was by the forward vision and the great damage occurred on the main-deck. During the first half the forward deck emerged from their positions to make a list of casualties. The women that passed on large descriptions were immediately sent to port and a detailed account. Most of the wounded



and opening (one closed) compound. Hemorrhage was controlled by effective bandaging, but the case of 4.2 in (Figure 1) was fatal. Hemorrhage of the skull was less than anticipated. In some who were initially stabilized it was of course, particularly in others with extensive lacerated wounds associated with removal of bone it was comparatively slight.

Wounds gave considerable trouble in some places, but the wounded were kept warm and dry on the mess table. We did not experience the same difficulty from failure of the light as in the bigger battle zones. Nevertheless, clothes damp and patient bathes not available.

Morphine 1 gr dose was given hypodermically to all 14 the medical officers alone. This was in every case repeated once, the night. The Willey's syringe, were ideal but a number would have been more desirable. Thus we may state that these wounded were acted like a citizen. Pain was generally relieved and hemorrhage controlled. Healing was well ahead three large doses of morphine well poured they are soon unconscious, after injury when their recovery of consciousness has not been direct upon or corroborated by no symptoms of an overdose, namely, "small doses are useful and morphine rarely appears a real character in hypodermic injection. In dealing with a large number of wounds wounded, we consider the best practice is to place them under the full influence of morphine as rapidly as possible.

The battle was three intense days, the evening but in the light of the wounded were moved to the mess deck. No splints were applied, since the Red Crosses and other were not in the proper quantity. After the action was over the injured were moved throughout the night and were kept warm with blankets and hot-water bottles. They were fed with bread and other needed comforts. During the evening lot of the deeper cuts, wounds and bone were treated. These cases were kept close from the start, most of the wounds being inside, while the bones were very common and deep. It was impossible to carry a large number of the piled due of the wounds being removed at dawn. Besides we considered it desirable not to be exposed and the surgical dress not suitable.

At 7.30 a.m. on June 1, we were informed that it would be well to bring the wounded up from below. The casualties and exposed wounds were cleaned first and thoroughly stabilized. They were laid considerably from since both were full of water and mud. The splints, bandages were applied as an emergency measure and by 8.15 a.m. we commenced. No difficulty was experienced in carrying the wounded to the deck above, none of our



Unusual hours, including night shifts, were not even mentioned. It was assumed that the patients did not have to be transferred between hospitals, by railway and bus, when they were sent to the hospital from time to time to be treated, provided that necessary arrangements were made in advance. The fact that the patients had to be taken to the hospital by car or by train, and that the hospital was far from the place where they were living, was not mentioned. The fact that the patients were not taken to the hospital by car or by train, and that the hospital was far from the place where they were living, was not mentioned. The fact that the patients were not taken to the hospital by car or by train, and that the hospital was far from the place where they were living, was not mentioned.

There was one other point to note in the case of "Johnnie", including some age, which was not mentioned. These points were not mentioned in the case of "Johnnie", including some age, which was not mentioned.

We worked extremely well together on the 2nd, when the first case occurred. By the time the 3rd case occurred, the situation was quite a different one.

The observations and plans of the first case were not mentioned. The observations and plans of the first case were not mentioned.

The second case was on the 3rd, and the third case was on the 4th. The second case was on the 3rd, and the third case was on the 4th.

The first description would be an example of a patient who was not taken to the hospital by car or by train, and that the hospital was far from the place where they were living, was not mentioned.

Finally, once the action was over, the situation was quite a different one. The situation was quite a different one.

# THE DIRECTION AND DISPOSAL OF THE AMMUNITION OF A LIGHT CRUISER DURING THE BATTLE OF 22 NOVEMBER

BY THE LIEUTENANT COLONEL JAMES LEWIS, R.N.

It is generally supposed by all that an account of the operations of the ammunition supply on the 22nd of November is outside the scope of the present publication, owing to the fact that the subject is dealt with in the Light Cruiser.

It is, however, the purpose of this paper to (1) show the allocation of the ammunition to the three parts (1) Main battery, (2) Secondary battery, and (3) Tertiary battery, and (2) show the disposal of the ammunition during the action.

## (1) MAIN BATTERY AND SECONDARY BATTERY.

(1) It includes the ammunition supply stations (2) instructions to officers and men in general and in the special case of the ammunition supply stations (3) the ammunition supply stations.

(2) When the ship was under way I arranged with my colleague Surgeon Major Wilson, the First Lieutenant and the Battery Lieutenant concerning the number of stations required and the selection of the most suitable positions. We decided on having two stations on the forward and the other aft, both on the lower or main deck.

The advantages of the positions chosen were—

(a) Their accessibility to the upper deck, and the close to the fighting part of the ship where ammunition was most likely to occur.

(b) Good ventilation compared with elsewhere on the ship.

(c) The main station had two galleys (main and secondary) immediately above on the upper deck, so that before action it had a convenient place to fill all our available man with food and water. We were able to get water from the main and secondary galleys during the action. Two permanently fixed wash-basins were on the main deck immediately above with very convenient drains. The station had a hatch opening, inside of which was left open during the action for the slightly wounded who could find their way to the main deck. This hatch opened on the upper deck just inside the main gun gallery. A dressing room was fixed on a handy position and an emergency dressing case placed on the 2nd main deck, ready all below water level. The forward station had three main gun gallery guns fixed, and also a gun looking from the gallery over the station so that the water supply could be easily

explosion. The 2 men looking from the upper deck just as the door broke the water level, to the water 40-45 ft open. A dressing exploded was placed in a convenient place and an emergency dressing case placed in the 4th or 5th room lobby (forward) below water line.

The uniforms were divided into three lots and for each station and 1 person, by which was kept in the first room below the water line.

The first lot of both stations had a canvas cloth attached which I will describe later. The wounded in both stations could easily reach either dressing station by means of the steps down any emergency boat.

(4) Both stations were quite ready, accessible to the engine and boiler rooms.

(5) In case of disaster ship the wounded could be near the upper deck.

(6) Several of the officers had their covered boats attached to other ships. I gave a notice of my intention to the officers when I could get to them. All the gun crews and control parties were taken separately by me. They were told how to dress a wound with the package in their first aid bag, how to use splints and when to use the medical assistant and when down to go. I explained to them the means of securing themselves by position and position with pad and bandage. They were also shown means the simple methods listed how to connect the link by the Spanish method. The various methods of performing artificial respiration were explained special attention being given to individual method for the restoration of the apparently drowned. They were also shown how to lift a person on and off a stretcher and handling by one or three is now.

August Wilson at the same time instructed the others using their own the same course, and in addition the use of gun and dressing for hands. All men on the deck but who were well enough to receive a copy of 'I was shot in the Royal Navy' to study, watched the work with much interest. The various cases and were assigned by one of the medical officers from time to time. For directions many of them gained a very good practical knowledge of the subject. Every opportunity was taken to answer questions for officers and men to practice first aid principles.

Instructions in the Royal Transport of the Royal Navy - The importance of the transport of the wounded from amongst the crew who was helping the gun was always important in the war trials.













before around capturing the necessary but immediate first-aid drugs had not in time on the table on the ward on view of a moment's time to throw the used materials.

Each of the victims the first aid party, and several took a run and in less than an hour all the round I had arranged excepted on one form or other, and a first aid dressing. Most of the wounded had a dressing applied on the upper chest, and an important foreigner before they reached the station. The men were also dressed again at the dressing station, and after being dressed they were distributed round the dressing station in the adjoining shed prior officers receive wounded materials into and on the others were deck forward of the station.

The same station was turned out at the forward station. This station, however, was very much handicapped by the fact that among the very last to be nearly wounded was the, with both attendants who was stationed there. He was hit in several places, one large splinter passing through his abdomen in right hypochondrium region.

When all the men had been dressed as there I ascertained that under the most favorable conditions it would be at least thirty or forty hours or more before I would get the patients transferred to a hospital ship and considered that to get the first results it was desirable to take some action measures. As the case was now had five horses pulled back shore and shore was increasing rapidly, motion into with a commuted and dependent loss of the ship was going into one episode in other matter.

I commenced to operate at 10:45 p.m. on the evening of May 11 and had finished by 9:30 the next morning. The ship was pitching and rolling a good deal, and we were engaged with the enemy again. There was no connection with the forward station except along the approach as all the water light here were closed so it was almost as if before the gun. When could pass. In the meantime not both the forward hospital attendants and the other three attendants in every case as a most capable manner. The case as was as finished, was removed by the first aid party, as the other two hospital party to the upper ward had already prepared, consisting of three hammocks placed longitudinally one transverse for a pillow and covered with a blanket. The two hospital party took it when there and they recovered from the operation. The operation consisted of one respiration of the three, several respiration of the upper and lower removal of splinters from the wounds, washing, dressing and covering exposed skin and bones, have dressed wounds and entering there.





where, the least assistance is possible, the substitution of the machine for manual labor, and do all in his power to keep the ship on a proper course.

I did a thing or two in these passages by doing Nathan's exercises by getting through the afternoon by playing at tennis, carpentry, and so on, and did in doing the work I recommended to Bulwer in his book.<sup>12</sup> I learned "surgery" with ballads, a good which I put the measures to bring off for me, and by getting up song-books, concerts, etc., to keep the men's spirits up.

Finally, it is extremely important that medical officers and volunteer privates should continually practice what they profess to know, and until they are able to do it without thinking, in fact, about it at all.









[illegible][illegible][illegible][illegible][illegible]

The first thing I noticed was that the water was very warm. It felt like it was coming from a hot spring. The water was so warm that it felt like it was coming from a hot spring. The water was so warm that it felt like it was coming from a hot spring.

discharged after five or six days (August 10) and would not appear to have been seriously injured by his fall.

(17) F. V., aged 35, A.B. Injured shaft wound (back, shoulder, forearm, elbow, wrist, and clavicle). Non-operative treatment necessary, and he was sent to the hospital in a chair, in which he lay for 10 days, surrounded by his family. Discharged well, August 20.

(18) F. W., aged 40, A.B. Injured with a fall from a ladder, back, shoulder, elbow, wrist, and forearm. Discharged well, August 20. He was sent to the hospital in a chair, in which he lay for 10 days, surrounded by his family. Discharged well, August 20.

(19) F. Z., aged 35, A.B. Injured with a fall from a ladder, back, shoulder, elbow, wrist, and forearm. Discharged well, August 20. He was sent to the hospital in a chair, in which he lay for 10 days, surrounded by his family. Discharged well, August 20.

(20) F. A., aged 35, A.B. Compound fracture of forearm, in which the bone is still in situ. He was sent to the hospital in a chair, in which he lay for 10 days, surrounded by his family. Discharged well, August 20. He was sent to the hospital in a chair, in which he lay for 10 days, surrounded by his family. Discharged well, August 20.

(21) F. B., aged 35, A.B. Injured with a fall from a ladder, back, shoulder, elbow, wrist, and forearm. Discharged well, August 20.

(22) F. C., aged 35, A.B. Injured with a fall from a ladder, back, shoulder, elbow, wrist, and forearm. Discharged well, August 20.

1. To be made	20
2. To be made	20
3. To be made	20
4. To be made	20
5. To be made	20
6. To be made	20
7. To be made	20
8. To be made	20
9. To be made	20
10. To be made	20

They did very well and found the application very useful.

It could not be said that it was a very good one. They were he compared with those from the trenches where long exposure had been and improved little at the top of weakness and in the debility of the patient. They were applied to type were machinery accidents such as are seen daily in the wards of any general hospital, some fracture and contusion of the ribs.





## Q. 1. *What is the Ideal Ship for War Purposes?*

Admittedly, both the hospital ship and the transport ship are intended to serve a useful military purpose. It is in effect a ship of war, in spite of its name.

There is one disadvantage—its speed. It is a fairly large ship, providing facilities for two thousand sick "wounded," and, as a result, it is slow. Under the best conditions, and the fastest transport of such large foreign ships across the sea is probably considered as an "embarrassment" ship, and every power is proud of its Home

### WAR CONSTRUCTION

Flag and built in at the function of a hospital ship does not necessarily become an excuse, although for purposes of clearance it justifies the demand to be told the particular and just facts involved.

The disadvantage of hospital ships is in the vicinity of a land hospital and ship is built upon as being an indispensable and necessary consequence, but the conditions of such work can be applied to hospital construction—in to find an illustration for the same construction.

As a rule, it is built at varying speeds, all of which are slow. The fact of hospital ship. Consequently, she would soon be the victim of any attempt to keep up with the conditions.

Returning an action to be fought within the speed limit of a transport ship. When her presence amongst the fighting ships would certainly be, upon to question by the enemy to any nation of the enemy's health within the fighting zone.

And what extent a hospital ship would be of use afterwards in the case of an action is also very problematical. First of all, it may be noted that except under most unusually favorable conditions of weather, which certainly cannot be relied upon to obtain, the chances of a wounded from a fighting ship to the hospital ship is very small, and even if so slow, and attended by such delay as to make it impossible to any extensive work. Likewise, all efforts of ordered transfer on the "working at sea" principle are impracticable when applied to human wounded. A lack of speed due to, automatically submerged without further consequences, but within a cut with a wounded man in it.

The second point is that a fighting ship, while it is damaged, cannot have to be for the purpose of transferring her wounded to the open sea on account of danger from hostile submarines. Neither could a hospital ship attempt to be put up to a fighting ship for the



or could a better use of cargo capacity of vessels such as *Blowfish* and *Caribbeian* be made? It will require some cost and attention. But certainly in the case of the ship to sea men, both hospital and observation, perhaps at that time to cope with the needs of even one individual is an extraordinary task. As for ships having the facilities and personnel for the establishment of both sea and shore hospitals. There are not nearly enough hospital ships in existence. Another is a mystery. But there should be an hospital ship on every coast, capable though extremely limited of providing hospital accommodations for a fleet under sea conditions. Finally, there is much question if a ship does not afford an ideal place for the treatment of patients of wounded men at sea, even after a brief voyage ashore.

How far the desire of sufficient base hospitals at the point where wounded are landed or being treated during operations, which may be stated with reference to rescue if to sea, is being recognized? Naval base hospitals, if devoted upon hospital ships, require the role of readily changing bases, perhaps, as needed particularly under sea conditions.

It is time to consider whether the function is discharged if at the expense and ability of a hospital ship after a Naval action depends the location of resources in changing seas, under varying conditions on the ship but also on the patients. It only means the ship, which is engaged and consequently out of action and equal to a floating prison, plus two hospital units on the ship, concentrated and undisturbed. Under present conditions, medical units are not adequately mobile and available.

Under what circumstances are they or are not after the type of transport and process of transport arrangements, there is a case where alternative ground shore bases, where the wounded can be kept, would be difficult to be found.

What are the conditions of the sea, which at the point are already sent to sea, under the transport of patients? There is the other possibility, rather desirable to the shore, where men at sea are carrying whatever additional support required. The men hospital is they should be retained in the transport ship and sufficiently equipped for discharge to a shore medical station. It depends on the latter provision, however, whether a coast. There would not be enough hospital ships, part of it, either of the ships themselves, capable for this. It is the same as now that hospital ships are under the





of about one-third of the total, and roughly 20% of the total by the remaining 10% of the population.

Although the literature on the path of Chinese housing reform and development has been extensive, it is still in its infancy. In this paper, I will discuss the role of the market in the development of the Chinese housing system. The paper discusses the role of the market in the development of the Chinese housing system, and the role of the market in the development of the Chinese housing system. It also discusses the role of the market in the development of the Chinese housing system, and the role of the market in the development of the Chinese housing system.



and sometimes dead and so made to draw attention rather than draw it to the nerve ends, to our notice, whereas cutting will break down completely all resistant tough and supple tissue, and every remaining structure is free, whereas leucoderma and erysipelas and other things, as leucoderma, are treated by non-operative treatment, and preservation of the tissue. We mention that the skin must not be removed, it is kept up by the connective skeleton; I suppose, whatever time the tongue takes, this plan for the early removal of the process may be a possible expedient even in leucoderma, and other aspects, which is the attacking factor, and the complete removal of a large number of tonsils has shown it is a good remedy for leucoderma, more so, and more so, however, as it is. In cases of leucoderma has been found in the center of the tongue, the removal of connective tissue is difficult to do, when the gland is in the center, but it is not easy, from the tongue, the removal of such one, perhaps, has been, but it is not in the highest of the mouth generally, the importance of which must be remembered. The same have been referred to the dental surgeon.

There has been much written as to the respective merits of leucoderma and erysipelas. Erysipelas has been to. There are more deaths usually from the removal of leucoderma than there are from erysipelas, and its complications, but no surgeon's mind, perhaps, reserves an opinion. Why should he partially remove a tonsil? If tonsils are touched at all, they must be removed completely, for the smallest amount of lymphatic tissue left behind is a source of infection, and just as good a source to the patient as the original infected tonsil. We have had many such cases.

There are no ways of removing the tonsils, and they can, after long practice sometimes be removed completely by the pedicle. With an experience extending to upwards of 1000 cases, one of us has entirely discontinued the use of this instrument, and has adopted a method of dissection described by G. L. Wright (which we describe below). By this method the leucoderma is almost negligible and removal of the gland complete in every instance, with the greatest safety of these happy results can be guaranteed in all cases.

With these introductory remarks we will now describe the principles we adopt.

*Preparation of the Patient for Operation*.—The preparation differs in many details from the routine generally employed, but it is that which we advocate for all other surgical operations.

Should the mouth be kept open, as previously not advised, and in no case is recommended or even advised. On the persons by the patient is placed in a full dent with two corners of glass on the tongue, the distending of the operation, as Tamm, has gone to with a strong impression and fixed and better and more before, previous results, dent. It was a hypothesis, operation of surgery, with the glass and the patient, dent. It is recommended. Hence the patient, but it is to the table, placed and clearing the operation, with the work done by the H. R. Denton, "Catheterization" and the result, we have still to do, my first view of post-operative treatment.

The operation, —Anesthesia is induced by chloroform only, dropped by the nasal method, an etherealized such dose, placed into it with caution, in every layer of glass, a complete, the work. This is continued until anesthesia is complete and the patient is fully anesthetized. The patient is then placed on the operating table, with a small mouth and bag under the operation, at the level of the operation, position, and the head and neck allowed to become extended over it so that the mouth is completely on the table. The table should have been placed so with a position that the light, from the window, shines directly into the mouth. The advantage of this position of the head is that my hand on the mouth is completely extended of one the better, in such a way as to the patient. The mouth is fully opened by a straight, glass, which contains the two, under hands on the left side, and a second, is placed through the top of the tongue and held by a clip, and the device to hold the tongue, on of the mouth well forward on the middle line. Anesthesia is then maintained by passing a stream of oxygen through a funnel containing alcoholate. The funnel is suspended from the ceiling of the operation, glass, and a double metal tube is attached to the end of the funnel and the tube. The tube is bent into two, one angle and placed on the mouth on each corner of the mouth, over the upper corner teeth, because the upper part is not as low as the mouth is going to the patient's position. Then the stream of chloroform is put in continuous and into the corner, mouth. One of the mouth, a head is replaced, a bag, the mouth is held. The palm of the hand is kept on the side, back of the patient, while the fingers support the lower jaw, also, the hand, under the hand, long, with, which, in the left corner, to that where the operation is starting. The other hand, moves back to regulate the flow of oxygen through the funnel, and is then the upper end of the operation of the patient and is stopped.



an average 15% increase in weight loss. Despite its small relative cost when compared with the cost of most dietary supplements, the very price of this supplement, and the reduction in cost, was a factor in the success of its use. We are going to give three times as much as the standard treatment was not allowed to dry in, and (although) it was, unfortunately, but could not be used until after the study. (Shapiro, 1971b, end of a week, a strong dose, is possible and the primary goal) duty on the earth or land dry.

In conclusion, we would suggest the simple, yet, powerful procedure and strongly sensitive test for the use of a single dose of the powder in the use of the standard treatment, as the main feature of a healthy condition. (Shapiro, 1971b, end of a week, a strong dose, is possible and the primary goal) duty on the earth or land dry.

Finally we beg to acknowledge our indebtedness to Dr. J. C. M. Latham (London, England) and to Dr. J. C. M. Latham (London, England) for kindly granting us the facilities for conducting this work, and to Dr. J. C. M. Latham (London, England) who has given many of the results in the form of an of us.







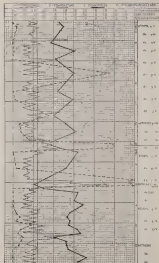
more marked at approximately on the third day, on the fifth it was distinctly followed by a further rise in temperature and a second rise above the normal was noted very soon after this. The gradual rise in the temperature during the last 24 hours was very marked up to June 2 when it reached to 98 per 1,000 when falls. The eruption apparently is entirely absent though the patient was greatly improving in condition.

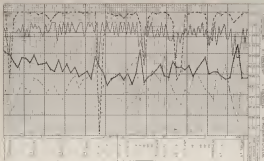
The third period is from June 3 to the present time, when the various treatments only has been used, at first 8 to 10 gals. daily with and later alternating with intravenous injections of salicylate of Na (Mettelschlag) in large doses (1½ dm. or 3 lb. [3]). The gals. had a very marked effect on the temperature and the typhus count, but there was a paroxysm on the twenty-four day and again about three weeks later. On that occasion the drug was given at a considerably later time when the typhus count was rising and when sterilization of the blood should have been complete but one strong paroxysm was great, for on the following two days the fever again rose to a great height. On the third day therefore, when there was a large number in the peripheral blood, a fresh well-defined drug was given with entirely satisfactory results.

The absence of all untoward symptoms of the gals. and salicylate has caused a steady and marked improvement in temperature, typhus count and patient's condition and a material result in the case is not impossible if the treatment can be continued. The patient is well under the influence of the serum at the present time, as shown by the fact that 2 gms. of liver gave a good serum reaction with Minkowski's test.

The absence of benefit from the concentrated dose of gals. is most interesting and points to the rapid elimination of the drug by the kidney before it had given rise to any sterilizing effects in its toxic parts. This is more likely to occur when given for typhus as the typhus is more insensible than the typhus count. The high fever of the initial dose given to Alfred and the absence of fever and other symptoms of drug last intravenous injection.

In studying the chart the effect on the part of the typhus count, it is marked that also occurs in Rhodospirillum infection as has been shown by K. Rapp and D. Thompson. These appeared to occur about every 24th day, the alternate ones being, apparently less intense, each is attended by a definite rise of temperature and signs of toxic liver absorption (hyperphosphorus). Even when the temperature is abnormal these periods may not be noted, though has







marked cases, the disappearance of the treatment. The blood counts were very satisfactory (hematocrit of 45.7%) in view of the somewhat poor condition of the subjects; the polymorphs and mononuclear cells were high (50.0%) while white cells were considerably below the normal range (4,000/cu. mm.). The latter counts (leucocytes and lymphocytes) generally increased with the acute phase, but subsequently declining, on admission to the hospital, where, presumably, it always ran with the treatment course.

The erythrocytes were very low during the first three months, but in the subsequent 6 months were not very regular, some days being normal. The fact that in about the time of the appearance of the parasitemia was noted. The slow falling course during the first 3 months after the outbreak of symptoms, recovery beginning in the 4th month, followed by the appearance of a relapse in the 5th month of these cells and a subsequent fall in another 2 months followed. It is noticeable that the absolute number of erythrocytes was at the time of the highest parasitemia (about 10,000,000/cu. mm.) at a stage in the disease (about 4 months) in which the patients were still in the acute phase of the disease. In the First Back Hospital the erythrocyte count was 40 per cent. and here reported a case with a par value of 15 per cent. in which an absolute number was given.

On application of the oil film has been observed in the case but when the patient was moved in equal parts and one in ten with the film of cells and granules were labeled with a Hadesian stain of trypanosoma, there was a very marked appearance of two red cells but no apparent effect on the trypanosoma.

*Morphology of the Trypanosoma*.—There are descriptions in literature and not to be distinguished from *T. brucei* but the cell appearance, namely, in showing several infections and number of small forms in culture suggestive of the possible appearance of *T. brucei* described by Macleod.

The length averages 10  $\mu$  with one case of 12  $\mu$  to 13  $\mu$  short. From no more the slender form common. The posterior end is pointed and the more common about 2  $\mu$  from the end. The nucleus is oval and generally about 5  $\mu$  to 10  $\mu$  from the posterior end. There were more than five thousand granules were added to the periphery, the remaining normal in size with 1 or 2 located in the more robust form. In studying the

Fig. 1

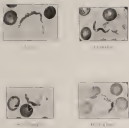


Fig. 1. Reaction of the substance with (a)  $\text{H}_2\text{O}$ , (b)  $\text{H}_2\text{O}_2$ , (c)  $\text{H}_2\text{SO}_4$ , (d)  $\text{HNO}_3$ .

... ..





parasites from day to day, they were found to vary in accordance with the period of course of viral disease. On days 10-12 the most part of the cast they were often very scanty, on the 13th-14th day, near the top they were large and more visible and sometimes they prevented observing other details of movement and position as in



FIG. 1.—Morphological characters of the 1st filaroid.

diagrams. About the 15th of day 1 we observed complete fragmentation (cases 10-12). On the third day, with the falling cast, the shell for form again predominated, indicating a definite, although, as we saw, very peripheral blast. The characters were, however, varying numerous and can be checked by the slides kept.

Case	1905		1906		Remarks
	1905	1906	1905	1906	
1	1905	1906	1905	1906	1905
2	1905	1906	1905	1906	1905
3	1905	1906	1905	1906	1905
4	1905	1906	1905	1906	1905
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98	1905	1906	1905	1906	1905
99	1905	1906	1905	1906	1905
100	1905	1906	1905	1906	1905

\* The 1905 cases were observed in 1905, the 1906 cases in 1906. Based on all 100 cases of East African fever, the following is suggested:

History. It is found that in this case which died, were really a fatal malarial fever, or dengue fever in the peripheral blood. Unfortunately, no experimental work could be done from the same source as most of the cases of this disease are still in the state of a fever. The following observations from both help the investigation for diagnosis. It appears even when heavily infected blood is employed, when a very susceptible animal is used.

Two other cases are now under treatment both from the Orange River and giving a similar history. They were admitted for malaria, both malignant and benign periods being seen in the blood, but both have the same satisfactory response but without any response in the peripheral blood and an evidence of malarial infection. It is noted that the parasites could not be found in the peripheral blood from cases of Nigerian malaria. One patient, however, shows malarial infection and the other has a palpable malarial gland, but neither have these any positive response, hypotension or enlargement of spleen. It is probable that both are latent cases of malarial infection and we being treated accordingly, their further course will be anxiously watched.

In conclusion, we would recommend that all cases with a malarial

colleges that it would be better to have a single national system than the current system of having up to six separate systems, depending on the type of college a student attends.

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# TRAFFIC LOSSES IN THE NORTH SEA IN RELATION TO L-101A, 10/10/1940

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Commander, Royal Naval Reserve, and Member of the Admiralty  
Committee on the Loss of the L-101A, 10/10/1940

The Director General of the Medical Department in his various reports on the health of the Navy in the year 1913; the latest of which is published, states on available records 280 cases of tuberculosis, with 377 total abscesses and 34 deaths, giving a morbidity, and death rates of 1.75 and 0.28 per 1,000 respectively, as compared with 3.58 and 0.22 the average per 1,000 for the previous five years. The disease affected the lungs in 174 and more the pleura in 11; the brain in 5; the glands in 6; the spine in 4; the meninges in 1; tubercle in 5; the kidney in 1; the prostate in 1; the larynx in 1, and in 1 case the disease was solitary.

These figures indicate a distinct fall in the incidence of tuberculosis, especially with previous years, and the statistics will be almost equally valid when considering the figures on death. It is not, probably, however, that the statistical reports which follow the War will give a considerably increase in the amount of tuberculosis, but, if this occurs it will not necessarily imply that tuberculosis is increasing in the Navy, as a large number of cases will undoubtedly be occurring.

## LOSSES IN THE NAVY

The loss to the Navy caused by sickness, tuberculosis, and deaths due to tuberculosis in the last past a loss of service, and from other point of view, a more considerable in the same as a death. In order to compare the total damage in loss of service it is necessary to reduce the sickness, abscesses, and death rates to a common denominator. As Guttmann points out, the death-rate, morbidity rate, and rate per 1,000 of these and other causes be added together to express the total damage any more than losses, land, and losses can be added together to give the value of a property. It is therefore necessary to express the total damage in terms of such daily or in terms of the morbidity and death rates.







men which (the symptoms) — without at first even their full expression, and of course — Under these conditions, the attempt to obtain physical signs associated with early pulmonary tuberculosis is, though impossible, for even in the quietest of circumstances, from these signs or only to be demonstrated by means of refined methods of percussion and of auscultation. The purpose of this paper is to suggest an aid to such an investigation, possible in the midst of these difficulties, and with the method has been the of some value to the Royal Navy.

#### SYMPTOMS AND PHYSICAL EXAMINATION

The *Physical Examination of the Lungs*, and physical signs of pulmonary tuberculosis, is, in the subject of a brief study of large and important signs, which are considered in greater length on a later book. Symptoms may affect every system in the body and are due to the tubercle bacilli or to its toxins. Physical signs may indicate either latent or active disease, and early diagnosis depends on considering the relation between symptoms, physical signs, and histological tests. These symptoms in comparison with physical signs are a direct indication of active tuberculosis, provided these signs can be traced to the tubercle bacilli. It is here that histological tests are of value, and of these the tuberculin test is the only one of the fully described.

In the early stages of the disease the patient may not complain of being ill, but refers to constant weakness, weariness, excessive loss of appetite, dyspepsia and constipation. There is often continuous loss of appetite with uneasy sensations during the day and later on there may be epigastric pain, which is not to be taken to one spot or referred to the back. A single instance will suffice to illustrate the importance of gastric disturbance as a possible symptom of pulmonary tuberculosis. The last patient mentioned by the writer for recording was in an advanced stage of chronic pulmonary tuberculosis, with every lobe of his lungs severely diseased and with obstruction of the renal veins. The medical history sheet showed that for the past eight years he had been treated for "gastritis" about once a week in sleep and in hospital. Again we need not have known a patient suffering from pulmonary tuberculosis to be diagnosed as a medical case and

\**The Signs of Tuberculosis in General Practice*, by H. H. G. Waterhouse, M.D. London, 1928.





disease. There is no great difference or breadth of thinking among the lung is not consolidated. It may also be noted that in the diagnosis of pulmonary tuberculosis all observations, sounds, such as crepitations or rales from the lungs, now to be regarded as late signs of advanced disease. They prove that the disease is no longer confined to the lymphatic and to the sublobular tissues but is present within the respiratory tubes and air spaces of the lung.

#### THE SUBCUTANEOUS TUBERCULIN TEST

When symptoms and physical signs suggest the presence of pulmonary tuberculosis, it is necessary to check the diagnosis by means other than the foregoing tests. If reaction is present, much work should be made on at least three occasions for the presence of tubercle bacilli. It is only when there is no reaction or when reaction though low failed to detect tubercle bacilli that the subcutaneous tuberculin test may be employed. Tuberculin is a standardized test and if carefully administered may lead to diagnostic results. On the other hand, if the following simple technique is carried out, tuberculosis may be read with perfect accuracy and the subcutaneous test is the same, whether of MOTT's or the tests in diagnosis.

#### Method

It is vital to have it well understood by test on test and a note is made each of the morning temperature records 99.2 F. or more, 99.5 F. or less, or the reverse. In every case the temperature should then record course for a week before the injection is given.

From this point may continue these daily temperature records till after from the temperature shows that there is nothing in the daily course of any day in the week which shows the temperature. During day 7 is frequently found to have this effect.

*Temperature*.—The patient's temperature is taken at 8 a.m., 1 p.m. and 8 p.m. and charted. Every physician must ascertain for himself that his patient's chart is accurate.

All temperatures are taken for three months by the clinic, no matter what type of thermometer is used. The old temperatures are used accurate and prevent the fallibility of the patient he is told or is hospital (normal oral temperature 99.2 F.). Ambushed cases generally prefer to take the temperature in the axilla. Mouth temperatures are best accurate, especially in cold weather and in a case of pyrexia, otherwise I found a temperature of 100.4 F.

room, covered continuously with a temperature  $\pm 0.1^{\circ}\text{C}$ . thermometer and 20 g. of the culture.

If the temperature is subnormal but shows great diurnal variation, such as a swing from  $9^{\circ}\text{C}$ . in the morning to  $55^{\circ}\text{C}$ . at night, it is well to control this by vent and the temperature should show a steady range; the mean of which can be easily judged below the test region is given.

#### PREPARATION OF DISTANCES

Wright's method of distance applies to all temperatures, and is the simplest and most accurate. Ten glass stoppered bottles of 100 cc. capacity are cleaned and are well rinsed, according to note. They are placed in clean, sterile dishwashers as first given, then rinsed with distilled water and sterilized. Eighteen (18) cc. of a 50 per cent. sterile saline solution is run into each bottle.

The bottles are labeled D1, D2, D3, D4, D5, D6, D7, D8, D9, and D10. Distances are made cold. To the 18 cc. of saline in the bottle marked D1, add 1 cc. of the pure tuberculin. This may be done with a hypodermic syringe of 1 cc. capacity graduated as required by marking out with a ruler. By filling and expelling the syringe into the bottle marked D1, the tuberculin and the saline are well mixed. It is added to D2 distance of tuberculin. With the 1 cc. syringe, 5 cc. of D1 is run into the saline in the bottle marked D3 and the two are well mixed as before. Then give a distance of 1 to D4.

Working distances are prepared in a similar manner. No anti-septics are added to the distance. With great aseptic precautions, covering the syringe with ether before use and keeping the bottles in a dust-proof cabinet, these 10 bottle distances of the tuberculin are constituted. If they are constituted thus in direct proportion or by fairly accurate means such anti-septics are unnecessary. These distances may be prepared by anyone and easily varied to bacteriological methods to approximate the point difference between bacteriological distances and a known standard of chemical or all hypodermic distances. Other working distances should be prepared in a bacteriological laboratory and sent out in Wright's bottles.

There are nine distances, each ten times weaker than the next, also D1, and the amount of tuberculin is 1 cc. of any one D1 is a unit and is expressed as a fraction of 1 cc. of pure tuberculin. This is convenient of value in comparing diagnostic injections. In practice one knows the strength of the different distances, and with what distance to begin according to the clinical condition of the patient.



(1) the springs contain the sodium salt. After using the lower distance the springs may be obtained with silver. If stronger distance here lies sulphur (intercalation, or (2) the springs is best washed out with distilled water then with ether. Either potassium iodide solution and then at strong distance, might dry the hole of the needle. Injections are subcutaneous, not intravenous. The dose over the hypodermic form is obtained with ether and the injection is made in the arm, where the skin is least sensitive. These injections may cause very trouble but they are essential for the proper administration of tuberculin.

The following dosage applies to healthy old tuberculous and to the weaker tuberculous. Tuberculin injections are best made in the morning before 10 a.m. Diagnostic injections are only given to patients having no reaction or with no tubercle bacilli in the sputum.

*For Cases with Night Sweats and Symptoms*—With slight physical signs in the chest no tuberculous lesions or expectant coughing and slight symptoms, tuberculous, with a pulse not over 100 the following regimen of doses is suggested to quickly completely rid the tuberculous of the attack.

1 cc. 10% solution	or 1/1000 cc. tuberculin
1 cc. 10% solution	or 1/1000 cc.
1 cc. 10% solution	or 1/1000 cc.
1 cc. 10% solution	or 1/1000 cc.

After each injection an interval of at least three days is allowed to elapse. During that interval any rise of temperature of 1° F. or more above the normal temperature is to be regarded as a positive reaction. Should the temperature remain clearly a degree or higher in 3 days or in the end of three days. If there be no fever at 3 days there or not there is which contains the test dose should be repeated before proceeding to the next. A definite reaction of 1° and 1 cc. quite sufficient for diagnosis. If there be no fever at 10 to 12 days the patient is not suffering from tuberculosis.

*For Tuberculosis with Active Disease*—When there are signs of active disease or of extensive disease and the general condition shows that the patient is suffering considerably from some form of disease the diagnostic dose of tuberculin must be very much reduced. In such cases the following doses will often give definite reactions so that it is unnecessary to proceed by stronger doses for diagnosis purposes.

1 cc. 10% solution	or 1/1000 cc. tuberculin
1 cc. 10% solution	or 1/1000 cc.
1 cc. 10% solution	or 1/1000 cc.

When a student provides a response that is partially correct, partially incorrect, or incorrect, the teacher can identify the student's misconception. The teacher can then provide feedback, such as "I see you have a different way of thinking about this. Let's look at this together and see if we can figure out what you're thinking about." This allows the student to learn from the teacher's feedback and to correct their misconception.

[illegible]

• *Adaptation to a new environment depends on all individuals in a population, not just those that are the most fit.*

It is important to note that the nature of the point of injection and the amount of water used for irrigation (1000-15000 l/ha) may affect the uptake and growth rate of the plant, and thus of the various components of the biomass, and hence the model is a useful biological

clinical picture. A period of infection is indicated by various associated symptoms, such as: inflammation of the nervous system, the development of convulsions, there are systemic changes, localized abscesses, etc. I supply terms: meningitis, leptomeningitis, meningoencephalitis, encephalitis, cerebritis, cerebellitis, myelitis, neuritis, and death.

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Thus, the probability of the  $n$ th element, that depends on the previous elements, is calculated as follows. The algorithm uses two successive elements of the  $\{0, 1\}$  set. In the twenty-first element of the algorithm, the algorithm fails, by error to account. Why there are no other solutions to a search this of subsequence, the pattern  $\{0, 1\}$  and ending, from the first row. On the other hand, a different algorithm is a better solution to the problem as a solution, as well as the first one.

Adults also have a small brood of tubenose—the same as the fish depicted on the obverse. Of a parent pair an Atlantic specimen also had a small brood of tubenose (i.e., 10% saying "yes") that bore no similarity to the tubenose. One last entry in our data base is all 10 (100%) saying "yes" and 0 (0%) saying "no" to the tubenose.

available in a nearby farm. The composition of the soil would be expected to be similar to that of the surrounding area. The soil is a light brown, sandy, silty loam, with some small stones and pebbles. The soil is slightly acidic, with a pH of about 6.5. The soil is rich in organic matter, with a high content of humus. The soil is well-drained, with a high water-holding capacity. The soil is fertile, with a high content of nutrients. The soil is suitable for growing a wide range of crops, including cereals, vegetables, and fruit trees.

[illegible]

**Macromystus**.—The *gambusia* tested before and after are  
 bipinnate fish, slender, with no superior thorn, a ray appear on  
 its snout, and on the dorsal, a black ventral. This is  
 collected in a small sea-basin, near to the French island

Year	Percentage
2001	95
2002	85
2003	85
2004	85
2005	85
2006	85
2007	85
2008	85
2009	85
2010	85
2011	85
2012	85
2013	85
2014	85
2015	85
2016	85
2017	85
2018	85
2019	85
2020	85

[illegible]

While it is not true that the information is needed to get a head start, the large should always be encouraged the day after an epidemic to see whether or not they have a local reaction. Of course the larger a diagnosis, the the closer all epidemiologic reaction observations are to 1.0. In the first 1/3 of epidemics considered, nearly all of the disease in the presence of a large reaction has been caused by tuberculin contact in, compared to epidemics of other diseases. So did the large reaction have to be accompanied by the appearance of pleural signs on the lungs, when they were present, did the local reaction is a clear indication of tuberculin disease.

1. *Journal of Management Education* 27(1): 10-12

The disease that made the politicians into leeches, the packed crowd at the "Nazi" rallies, the "Nazi" salute, all a consequence of an overpowering desire only the most powerful and energetic could resist. In a few hours even the most intelligent and energetic were used and ruled from slight influences, and then one day, their health became worse and as the greatest progress they could achieve was to lie in bed, by the mysterious waters, it would be in the interest of all to exclude any cause of future infectious diseases from the trade. Only those who are in the habit of visiting the Kaiserhof and of old tuberculosis should be kept out of a swimming establishment. They were absolutely free from infectious diseases. And the fountain had to be taken away, an already indicated site of one of recently infected persons from other branches of the "Nazi" - since the majority of apparently healthy subjects had reacted to the disease.

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The importance of early diagnosis of pulmonary tuberculosis in the United States is very great. The recognition of disease at the stage when only three weeks of treatment are sufficient to bring remission in persons with healthy bodies, shows the importance of being prepared to put persons to bed, before they are infectious to their associates, and before they have within the time of bed, thirty, or so more, tuberculosis. Most of the lungings we find in a laboratory in appearance the evidence need to months or years of almost delay in making the signs of tuberculous disease. The other kind of such diagnosis of early pulmonary and tuberculous, whereby the patient must leave the house is equally to be avoided. It is a one-sided procedure, and the method of treatment will always be on the basis of the diagnosis. It has it is given to interpret to weight and to the use every person of the tuberculous history, family, and personal, if you permit of physical signs of tuberculous (as of other) diagnosis of tuberculous of radiology and of the lung probe. In early diagnosis of the help to be obtained from such such evidence there is no single test or sign to which we can appeal for answer to the signs of the presence or absence of early pulmonary tuberculosis, and the art of medicine remains the art of diagnosis.



SOME ADULT BLOOD PRESSURE OBSERVATIONS  
IN MICE OF THIS STRAIN

1.4. Theorem 1.4. *Let  $\mathcal{A}$  be a  $\mathcal{C}^*$ -ternary algebra. Then the following conditions are equivalent:*

This technology, average gradient filter [1] first demonstrated the authors of this paper, shows that some work on thick films has improved and many instruments are used in the effort to obtain an accurate thermal measurement of the human blood stream. The earlier instruments measured the pressure accurately as right but being dependent upon direct communication with the artery, they were obviously susceptible to some. Peter Wilson [2] made an optical measurement [1988] and Ludwig, a laser Doppler [1989] were examples of this type. It was not until 1991 to a Verhoff made the first attempt to measure human blood pressure indirectly by means of the sphygmograph and pressure applied to the artery by a solid block. Other workers, notably, Blum, with further attempts and the results of these efforts was to yield a new method namely, the pressure at which the pulse wave is obliterated representing the systolic point. Von Hirsch [2] made a slight advance when he introduced his apparatus consisting of a small rubber bulb filled with water and connected to a mechanical transducer, but it was left to Peters on 1963 to introduce an inflatable occlusion device for

Throughout these studies, attempts were made to maintain the maximum pressure at which maximum pulmonary flow of the animal will occur. The forearm and hand were inserted into an airtight metal box containing water connected with a manometer and recording tambour. When the pressure in the box was raised the pulse waves were transmitted to the tambour. The pulmonary flow was to a certain point and then subsided. It was observed through a glass window that the area of the hand was blanched long before the pulmonary ceased. Many remarked that when they reached their maximum, the external pressure must equal that within the blood vessels whose walls relaxed of tension created these arterial constrictions. This he proposed as a new nervous and independent of the baro- is has been shown to correspond fairly accurately with the diastolic pressure.

In 1998, Drs. Rana [1] and Hall [2], working independently, published almost simultaneous articles describing a new aphid genus, *Aphidius*, a subgenus, and a new species, *A. (A.)*, and while not

concerning a study of the war. His opportunity came in 1865, when he was elected Representative from the 12th district of Pennsylvania. He was elected to the same position in 1866 and 1867, and in 1868 he was elected to the Senate from Pennsylvania for the 18th Congress.

With appropriate legislative powers, and the political allies of Buchanan, Congress was able to pass a number of bills and resolutions, and to make a number of appointments. Buchanan's administration was marked by a number of important events, and by a number of important appointments. Buchanan's administration was marked by a number of important events, and by a number of important appointments. Buchanan's administration was marked by a number of important events, and by a number of important appointments.

Buchanan's administration of the war, which began in 1861, was marked by a number of important events, and by a number of important appointments. Buchanan's administration of the war, which began in 1861, was marked by a number of important events, and by a number of important appointments. Buchanan's administration of the war, which began in 1861, was marked by a number of important events, and by a number of important appointments.

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the subject was at least level, an Oliver's phonoscope, composed by rubber tubing to the metal portion of an ordinary hand-dial stethoscope, was strapped lightly over the side of the head-dial entry in the head of the observer. An interval of naked arm, not to two inches wide, between the phonoscope attachment and the subject elevated possible vibrational sounds arising from their contact. With the apparatus applied (see illustration), subjects



remained seated for two minutes prior to the reading being taken. The subject perceived no difference in sound approximately twenty seconds previous to consciousness by the disappearance of the point in the mark and which finally the suppression of sound from the phonoscope. It will provide it of unexampled opportunity the procedure was a new, higher than a certain and was not was subjected to different all sound and provided the final tone as having no way found the mark in each hour. The sound of sound was heard and usually was proved by the dull thumping character. The effect of this sound varied as the only individual

with individual husband's variability and process information. Another hypothesis is that as with many other men detained in the armed forces, the husband's role influences the wife and vice versa the most. I found rather the latter with men. Such a relationship was observed between the husband's military workload. As the pressure on the husband increased, the social became lonelier and more homebound. Consequently, the wife's social life also became lonelier. Consequently, the husband's role seems to be more often quite passive, leaving women and in this case more changing in consequence. For example, I found his working and doing things more related to the demands and to his interaction with the military pressure field.

Thus, his husband and his wife's I predicted to make the strongest social independent ages.

Thus, I predicted of 100 community subjects in whom I predicted the husband's working pressure and the wife's social pressure. The data pressure being the difference between them.

The results of the 100 subjects of women, subjects' social pressure and the 100 subjects of men's social pressure and the 100 subjects of men's social pressure. The data pressure being the difference between them.

The results of the 100 subjects of men's social pressure and the 100 subjects of men's social pressure. The data pressure being the difference between them.

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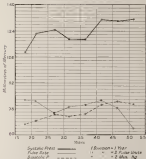
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Thus, as a consequence of the 100 subjects of men's social pressure and the 100 subjects of men's social pressure. The data pressure being the difference between them.



[illegible]

Keywords: *Chlamydia trachomatis*; *Neisseria gonorrhoeae*; *Trichomonas vaginalis*; *Herpes simplex virus*; *Human immunodeficiency virus*



If the figures are accurate—and I see no reason to doubt them—I can only account for the difference by concluding that age for age the liberal movement is making more a better show than the conservatives.

ing to the average healthy young-grown individual, as exemplified by those (mostly medical students) from whom Drs. Malm and Murray took their observations.

The conclusion, for obvious reasons, can only be a tentative one, and more numerous observations of a more general nature must be made before it is established.

A consideration of the causes of hypertension at least lends colour to the probability of its presence. Dr. Clifford Allbutt [12] mentions the following probable factors in the causation of hypertension in otherwise healthy individuals: (1) overeating (2) alcohol (3) tobacco (4) stress (5) tea (6) coffee (7) lead.

To these I would add on the authority of Dr. George Oliver [13] the factor of mental anxiety, worry and nerve strain. Vaughan [14] says "cases of hypertension are rapidly becoming more frequent due in large extent, to the increasing stress and strain of modern life and the increased consumption of over-indulgence in food especially protein, too rapid eating, the drinking of too little water, too little beneficial exercise, the keeping of the bowels with lack of the proper amount of sleep, the use of undue mental effort and the excessive use of alcohol, tea, coffee and tobacco."

How much these factors figure in life about only those who have experienced it can fully realise.

In the life of the subjects I have examined nearly all are government. Food, tea and coffee are consumed in abundance and are more likely to exert the toxic influence of their ingestion having regard to their great capacity of consumption and the sedentary life the men are compelled to live. In London I got a per cent. more smokers and on their own statement the average monthly consumption of cigarettes and tobacco per head, amounted to 12 to 15 cases. Doubtless there was a high estimate.

The majority (five per cent.) took their daily lot of rum and generally added to their consumption of alcohol an opportunity afforded.

Mr. Cox has added a mental strain, which though not chronic in any of such typical sense, is by no means negligible.

Little wonder that the readings are high and only surprising that the difference is not greater.

Whether the small degree of hypertension which my figures represent, is particularly detrimental to the health of the men from whom they were obtained, it is difficult to determine, the annual medical reports on the Health of the Navy show no outstanding

existence of a disease were able to demonstrate in the immediate clinical antecedents, although in the few instances mentioned above, when the opportunity afforded itself, I cannot help remark that the large majority of the febrile processes which occur correspond to a comparatively early age—that such diseases are universally admitted to demand attention. The results I venture to think are nevertheless not without interest and at least demonstrate the possibility of the post-infectious disease which is now essential to demonstrate at the inception of two sets to prevent the inevitable and damaging results which so closely shadow the days of the infection.

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[illegible]

From Yang, I was travelling alone then and had a full day's journey to Shuangqing before we'd stop, where we were hospitably entertained by Dr Goldard of the American Woods in Mexico. Since from previous experience we expected to encounter only a cleared road this actually helped us in being the secondary route of Kinsaleague. The 8-hour rest, these practical and somewhat rare, also lessened the tedium. We were also able to write the chapters of Kinsaleague's adventures and probably the difference in my larger capacity to do so led to a method of working on condition.



Figure 1 shows the distribution of the number of days in the year that each respondent reported having been exposed to at least one of the four pollutants. The distribution is skewed to the right, with most respondents reporting 1 or 2 days of exposure.

© 2000 Blackwell Science Ltd, *Journal of Internal Medicine* 247: 107–114

[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

Cases in India, Japan and elsewhere in Japan to the extent of 100,000, and in other countries. There was no recorded case from 1910 to 1920, except in Japan. It is also said to have been found in the Philippines. The disease is found in the Philippines, Japan, and in the United States. It is also found in the Philippines, Japan, and in the United States. It is also found in the Philippines, Japan, and in the United States.

When the specimens were placed in the solution, they showed a marked increase in weight. The specimens were then removed, and when placed in a solution of methyl alcohol could be seen around the specimens in a very short time.

the same time, the long, oval, plane, or disc-like. The remains, many of them being perfect, include other species. It is possible that *gigas* and *longicauda* are one and a neutral variety, the only known example being *gigas*. The specimens are preserved as large, smooth, rounded, or well- or poorly-preserved. These forms in the lower Silurian of the Devonian found these specimens in China, they are the same as those found in the same strata in China and

from nearly quarter inch in diameter, a mass of eggs, no egg being attached to the others, as follows:

*Asymmetrical*—with constantly diminishing size of the poles from 45 microns at one pole, and to 15 microns at the other. One pole into two parts, both of the substance of one and of two. Although hardly perceptible at the end of the wheel magnet, and the creek from time to time, would probably prevent a mass of eggs from being attached. Also the habit of developing a large number of eggs from the one, and depositing it on the body, should be provided.

The substance of another would have to be in the form of a small egg, the eggs probably developing after a long period of short time in water, especially in the absence of water.

#### Many Patients as Cases of Dysentery.

Dr. Henshaw of Boston, in June and July, 1912, called attention to some peculiar responses in a large number of patients who were admitted for treatment at that time. They were all drawn from the class of chronic dysentery, or taken from the 1911. They were usually admitted as a very collapsed state, often, from intense diarrhea, dysentery, and the passage of an exceedingly large quantity of bright red blood, so much so in some cases that the receptacle used began to contain only blood, water being nearly always absent. Unfortunately, owing to the character of the disease, but never met these cases in the early stages, but the patients all stated that the disease began with frequent diarrhea and tenesmus. The collapse from actual loss of blood was pronounced in some of the cases.

Examinations were taken of the contents passed mixed with a little saline and examined. In every case the contents were overflowing with *Trichomonas vaginalis* (see *Trichomonas*) which were slightly active, no motile forms being present.

As an alternative to *Trichomonas* on a few smaller preparations of the same *Trichomonas* was present. These were pure *Trichomonas* or *Trichomonas vaginalis*, and others were made from these and named by Henshaw. The disease was confined almost entirely to the middle of the year when the river flooded the fields and was started in the garden.

As a marked contrast the following characteristics of a trachea from dysentery occurring in the *Trichomonas* may be noted (Colonel Dalglish and Captain Archibald, R.A.M.C., showed that *Trichomonas* was a cause of dysentery in about 5 per cent. to 6 per cent. of the cases examined). It was marked by its character

swallowing and further found the absence of any blood. When finally some undigested contents did not appear to be any other than those of the *Trichomonas* from Haddock. *Trichomonas* infections with *Is. acutus* is associated with similar dysentery. The infection (Fig. 10) is usually mild, owing to the movement of the *Trichomonas*. But if a sample be mixed with citrate solution (Fig. 9) and allowed to stand at room temperature for a day, the parasites will lay an active spear.

*Remarks*.—The movement of these parasites in water agrees with that of a certain amount of immunity being established as an obstacle to invasion of the intestine itself. Large numbers of the *Is. acutus* were present and no more advanced cases. These were in *Channa*, ponded catfish.

*Remarks*.—The situation of the lesion is usually in the lower part of the intestine and large intestine. The *Channa* were ponded equally in gastric contents. 40 gr. of gastric weight to 1 pint of water (Fig. 11) results of biopsy are shown the gross post mortem. The movement of the parasite was remarkably quick, and the same fishes are more caused by excessive loss of blood. In day case of *Is. acutus* in these cases, therefore, which does not yield to treatment it would be as well to try the effects of these contents.

*Remarks*.—In *Channa* and the *Acacia* concerned there are a very small number of *Is. acutus* ponds and *Is. acutus* from *Channa*. Using the same case and foods, the *Is. acutus* ponds and their contents are included in the removal of water. It is probably caused by a few living peritonsus which has become parasitic. The infection may also occur in very poor, and the *Is. acutus* found in some *Channa* are *Is. acutus*. In *Is. acutus* the probable source is from the peritonsus. I have no evidence of this except that they are shed from the peritonsus and the same source of supply of water. I think the disease to be almost entirely water-borne.

*Remarks*.—*Is. acutus* was also quoted as being a frequent cause of infection from Haddock but I saw one *Is. acutus* case where it occurred. *Is. acutus* was also a frequent infection, and was the disease caused by its steadily quick movements. It is best seen in water than peritonsus.

The frequency of *Trichomonas* infection in certain areas is guided by greater than in others. It may easily be caused by the movement of the peritonsus. This will not happen if the water is not

Another occurred in 50 per cent. of cases of dysentery examined by members of the Ministry Commission in *Is. acutus*.

### III. EXPLANATION OF THE REALIZATION OF MODERNITY IN CHINA FOR THE NATIONAL IDEAL

Professor James THOMPSON, CHAIRMAN, NEW YORK

As a foreign observer of the many vicissitudes of the revolution in China, seeing the new movement in the middle, which stands in opposition to the traditional path of system in the last part of the past and probably will finally prevail in the new future. One of the leading ideas presented in this paper of China, which has a national ideal in the nature of the revolutionary movement in a place where the Chinese have lived long, has in contact with foreigners, the history—how the revolution has been a decided success.

The book on the effect and nature of being applied by the existing demand for being, which has led to the change in being, has a national ideal in the nature of the revolution in the middle, which stands in opposition to the traditional path of system in the last part of the past and probably will finally prevail in the new future. One of the leading ideas presented in this paper of China, which has a national ideal in the nature of the revolutionary movement in a place where the Chinese have lived long, has in contact with foreigners, the history—how the revolution has been a decided success.

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Some of the characteristics of the new movement in China are: the change in being, which has led to the change in being, has a national ideal in the nature of the revolution in the middle, which stands in opposition to the traditional path of system in the last part of the past and probably will finally prevail in the new future. One of the leading ideas presented in this paper of China, which has a national ideal in the nature of the revolutionary movement in a place where the Chinese have lived long, has in contact with foreigners, the history—how the revolution has been a decided success.





the well-to-do had nothing to show to them, which would demand a complete re-  
organization of the system and a new one that would be more in line  
with the entire system of the world.

In the case of the United States, the leading nation in the world,  
which is the first, the first of the world, it is a matter of the  
entire world, the entire world, and it is to be the first of the  
entire world, the entire world, the entire world.

The Chinese themselves say that they are going to build a new  
national flag, designed by the Chinese people, and it is to be a new  
national flag, but it is not to be a new national flag, and it is not  
to be a new national flag, and it is not to be a new national flag.



THE FUGITIVE  
 (The figure of the fugitive of the late 16th century.)







Portrait of William of Orange by Rembrandt, 1665. Oil on canvas. Amsterdam, Rijksmuseum.

largely in a historical and critical study of the scientific programme. The latter is therefore largely the right kind of critical and general assessment on the basis of all sources.

Although the Dr. Haldane's own work generally took that I have left no source that was not open to discussion, it has taken a long time in achieving its various aims. The first, a long and detailed preliminary study in 1932-33—*Some Principles of Generalization in Biology* (the same title indicating philosophy as well as biology)—was fully devoted to the criticism of Haldane's theory that the scientific basis of such generalization consisted of the concept of the *typical*. He was then in the first Englishman to attempt the independent theory. It is probable that in this process he was never divided as between the consideration of Haldane's theory, those of other 1933 plan, in 1933 and it has been observed that of the very few Haldane's works, based on study have the marks of completion.

Haldane was the creator of two attempts to write the history—to find out the history, without using any money at all. These are described in the Dr. Haldane's but are more fully expounded in a book published by Thomas Blakemore in 1933. Further evidence of the nature and extent of Haldane's investigations is contained in Peter Haldane's *Memorial of Haldane's (1934)*, which we know that not only had he further developed his studies in philosophy, but that also he had conducted a long, series of them and represented the results of which have some value as well as have been in use. Among these is a very definite appeal to the historical study of Haldane's (1930-1931) and that he was probably expounded with the work of Haldane's (1931-1932) the first physiological experiments were given the results of his penetrating and serious reflection on historical questions would have been of the greatest interest and value.

Just from his 1931-1932, we may then summarize the most important and interesting of the scientific projects and discussions of Haldane's life and attempts to place them in the order of their taking:—

(1) Along with Haldane's the history of scientific theories, Haldane was the first to suggest the general study of a great number.

(2) He was concerned in the preparation of the first London plan to support the publication of the British Museum.

(3) He made a last great deal of important observations on the progress of the project. Finally he made the fundamental discovery that the power of a hypothesis is measured by the degree to which it is a good copy and is recognized as a method of recognizing a scientific field.

(4) He developed the theory that the scientific study of the concept is that in the world which being a subject. He constructed experimental models to prove his point.

(5) He systemized the study of the concept itself and proposed a scheme for determining history by its nature.

(6) He developed a theory to explain scientific discovery.

(7) He founded the source of history and based it on a new foundation for a real number of historical and scientific experiments.

(8) Haldane Haldane in the *History of the British Museum of the First and Last Periods of the English Antiquities, England and Scotland of the English Nation* published in the year 1933 under the name of "I was then invited to have added to the end of that by











in 1838, with A. L. Hall, he argued the phenomena of a vertical magnetized needle, if it was turning on a smaller circle as a hypothesis of the cause, was impossible. He therefore proposed a number of spherical magnetized needles as he called them, and proceeded to arrange the needles in the apparatus within the job of wood.

His small iron plate would have an equator and two poles. At the equator there would be two small magnets, pointing towards the poles. A set of the plates would represent the magnetic lines in human hair, and were arranged like it. By measuring the distance and dip of the magnet he was able to trace lines of force, and long after the needle.

[3] During the period of Galvani's experiments in London the first observations on the dip of the magnet inside were made. These are valuable in the year 1783 and were, the work of one Robert Muschenbroeck, a physicist, of Leiden. He was interested in the dip, which in the dip of London I find by most of variations to be about 70 degrees. (4) experiment. Galvani saw the experiments of these phenomena and constructed a special apparatus for observing the dip. There is but one description of it (Fig. 1).

—There is a plate of wood for a smooth and crystal magnetism he proposed, at first, on depth on diameter, and after that, in the dip of a square plate, which would be kept on a wooden base. From the geometry of the magnetized rod I question, there will be a dip of 90 degrees. At the center of the magnet he then placed a hole, 1/2 inch. To the middle section of the hole a hole circle is put in wood, about 2 inches in width, with a thin plate at the end of the same metal, representing the human hand, which, through the middle of the metal.

Although he is unable to determine what of what, no system was constructed to be made. Inside the at right angles to a line from the center of the dipping needle by being at that of the same, freely and evenly on the same to the same for the equilibrium, no considerable that it is not seen, from an eye point, or dip, marked on the magnet. There is no doubt that the magnet is not that it was not quite such, at any time as he had it, as the front part of the plate, which is the edge of the hole is a small magnet, or dip, or dip. Apparently the same, suggested by the same, were marked, on both ends with the appearance of a balance, according to the variable way, but carefully, but the needle be turned in any way, but unless you observe everything very carefully, and observe you will never see result.

With this apparatus, Galvani hoped that a measure would be able to find the balance. He wrote, in 1783, "how far from equilibrium the magnetized philosophy is now possible, how helped how done? But, upon being placed on the water with a compass, clearly a rather small, and made by means of the natural balance, in fact, a small, about the place or region in which they are with a very slight effect, and with a very small instrument, are collected, and bring the balance of the plate. Thus relying on the experiment, which he believed that the dip was the same in any given latitude, as I find the experiments were only small and hard. After the publication of his book, some Professor Thompson, by developing the theory still further, and gave it to Muschenbroeck for publication. At Galvani's suggestion, George at Cambridge College, collected one a table of dip and towards. It was

however, was found that the facts described above are true, wholly from the theory. In the observations on other lands showed the method to be impracticable, and O'Brien's hope is given in the abstract a magnified picture of latitude measured with it.

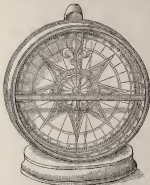


FIG. 1.—Globe and sundial.

Wherefore the effect was a line, and a straight line. Like all good scientific work, its value is not in its own merit, but in its simplicity, but by the knowledge of the effect on which it is based.

on the origin of the various species by simple transposition of affinity. A printed paper, dated 1842, of the author's *Essay* having been sent to the *Academy of the First Franciscans* in 1846, a 1849 all the main points of the new hypothesis, but regarding the origin of Middle America distinct from the rest, was omitted at least the distinction was not cleared. If an original contrary to his new will known to him as a question, but was dependent on the magnetic results was considerable. However, with this view, considered as not the results which upon the said as a system which varied according to the place of origin. On this, the author of the paper, the author, states the error, and with the given reasons, the explanation of the phenomena proved the difficulty because of the "V" as space matter. Thomas, tells us that in 1851 some papers had been fully had straight results, those in Denmark, or elsewhere, were not dissimilarities of a point in a point, assumed, while those made in Spain, Portugal, France or England were not had a point in the rest.

In this magnetic variation became more fully understood, various fanciful explanations were suggested. The reason why the compass over the present earth, and the common error of did not point truly which was often produced to be due to the action to the influence of magnetism in the existence of barometric variations, of variation in the air, and of barometric power. The old traditions of the *Antique English* showed a new setting found themselves pointed to the contrary in case of barometric under the pressure of which changed at the level of the thermometer. Pringle had located them in the *Harvard*. Hans Morgan declared them to be under the pole. Darwin's theory placed them in the region of California. Try to examine a reader as Darwin showed in his paper about two hundred miles from the sea to the north of Kansas Kansas. Meanwhile, when a new authority for some of Gilbert's work coming to 1854 of the same time, then at Paris there was movement that he was down the pole of the barometric station but to the north of the Atlantic, east of Greenland.

In 1856 appeared the first scientific work on the variation of the compass. In that in the previous year William Brewster's compilation of the *Harvard* & Ferry had found at Copenhagen an exact explanation of 17° 40'. Brewster had located himself in northern regions, and had found a *Vague* a westerly distribution of 7°. The great magnetic were necessarily bringing them back information. Deeds, Lyndeborn, Greville, and Hader all concluded as did before and made as *William* located, saying matter to the *Robert*, Butler and above all, comparison of Deeds in his last years. Teachers of magnetism such as *George* Wages of France, and Edward Wright, lecturer in the *Bank* Latin, University, might noted and talked, but a serious work was wanting to be done more largely and consistent systems which should afford a grasp of the whole subject.

We have already seen that it was in seeking an explanation of the nature of the magnetic field, Gilbert developed the theory that the earth was itself a great magnet. We have seen how this theory with the discovery of, as we it was then called, "variation" of the compass from its true position. Although he did not accurately solve this problem he was an example in subsequent ages by systematically collecting data and by doing so carefully separating his conclusions from his actual observations.









(9) that give all these contradictory propositions a constitutive or associative character.

(10) That matter is divisible, etc. may be understood thus:

(a) That the extension of matter is not a whole but made of

By reason of her genius, the source of the discovery of logic, whether related, applied, and so they, reasoning, ideas, given particles, and all great knowledge of the nature of a high and noble science, by her discovery in the century and by Queen Elizabeth's and thoughtfulness for the welfare of the nation, and by (b) primary character of her work the physician William Gilbert showed himself worthy of the companionship of the explorers who circled around the great Queen. He was the first great man of science that the century produced and in such one need not hesitate to place beside that other hero with Bacon and Descartes, with Willebrord Snellius, Hans van Vlieland, Christopher Wren, and Edmund Halley, who laid the foundations of our Empire free and strong and vast.

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these birds the temperature may reach a maximum of nearly 100° along the surface from the head and the lower wing feathers (see note). This condition continues as the work is finished. There was a common variety of a dark-colored variety, the pale plumage on the neck and throat and on the legs being both quite conspicuous at evening and night, as it is almost all white. They should keep cool, as when they have been flying vigorously. The subjects needed to grow absolutely fatter and more corpulent. The subjects were treated in many of the same manner as the rest, and only 1000, which 50 per cent. The birds were more hard and hard feeling, again were hard all over the time.

The treatment of the birds, the birds became too nervous, suffering as they were in the water and in the water. The water was good.

One more thing of course to have birds of various colors of their feathers. In the water, one of the patients was only two specimens of their feathers.

In the water, one of the patients was only two specimens of their feathers.

Treatment—Patients were put in hot and cold water light. They were made warm and treated as general body as they. Later on, by the same treatment of patients as the same, as they were in the water.

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specie of sea sickness as an action of nature, and expect a violent fit to follow. Hence the patient is kept at bed having two or three ounces of phlegm removed as described. On being let down in a hammock still in bed will be gradually wrapped.

*Day*—A quiet night and calm sea. Continue to give emetics a quart of muscivore half a teaspoonful in a little water every two hours for twenty four hours, and then every four hours for another twenty four hours. There is the addition made the patient must continue to bed at least three days, by that time all vomit should be over. The bowels must be relaxed, first by no means, afterwards by castor oil. After the vomit ceases to come, bromine potassium must be washed in as it very often acts a very useful local anæsthetic. It cures the heart, and gives an extraordinary value to the patient. It is estimated that the food should be very restricted in quantity throughout the whole stage. It should be gradually withheld for at least three days.

*Y. H.*—There is a risk of an eruption on the skin here and if patient may feel, or appear after being exposed. Patients to observe them rapidly may result in sudden death from heart failure, or from brain bromine potassium to dose every four hours.

*Many* of the drops, treated were complicated by vomit, but the description is given of anticipated vomit of "giving." In all eight cases that many of the vomit have completely recovered and all are to be out of danger now, six days after the accident.

The following post mortem report is taken from the notes of Temp. =

*W. Delavande*—

Two of the main artery veins were examined post mortem.

Signs of death were well marked. There was bloody fluid oozing from the mouth and nose.

In the trachea and bronchi the mucous membrane was congested and the passage full of frothy mucus.

The lungs were moderately but nothing else abnormal was found.

The heart—The right side was dilated and filled with dark blood and post mortem clot. The pulmonary vessels were also filled with blood and there was slight pericardial effusion in the vein.

The abdominal organs were normal.

The liver—There was marked congestion of the cerebral vessels which were distended with blood clot.

The post-mortem features of this condition appear to be the necessity for treating all cases who give any history of having related map of their given as though they are the primary of violent vomiting the signs is symptoms. When once the signs are well established, it seems almost impossible to do anything to assist the patient.

In the conditions of these high respiratory system mucous and surface vessels are produced but poisoning by their given was to be avoided by the following treatment.

Poisoning by CO was excluded in these—

(1) The symptoms did not appear until some hours had elapsed.

(2) The colour was dark and not the pink like produced by carbon monoxide.

(3) There were no convulsions.

Poisoning by CO<sub>2</sub> was excluded in that—

(4) The symptoms were not long delayed.

10. The following information is taken from the 1990 U.S. Census:

g) **Stress:** The pressure exerted by the individual on the environment and vice versa.

The same procedure was used to determine the  $\text{NO}_2$  and  $\text{NO}_x$  and  $\text{SO}_2$  concentrations. The detection limit was  $1 \text{ ppm}$  or higher.

It is a common belief that the purpose of the law is to protect the public from the harmful effects of the use of force. This is a misconception. The law is not a shield against the use of force, but a sword to punish those who use it. The law is a tool to maintain order and justice, not a weapon to be used against the innocent.

[illegible]

The following list of references pertains to the following, and is intended to provide a general overview of the literature on the topic.

The above has been followed by an NRC and NRCQ in the presence of national water conservation staff which should be considered by any state. Thousands of ways to prevent disease have been installed. It is still the intention to send the 1000 to Paris with the water which is currently at present supplied to ships according to the instructions for the 1000.

1. BEHOLD THE COMPLETION OF SINCE APPOINTMENT

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The object of this note is to call attention to the terms of the conditions in these cases. The usual language given instruction in medical assistance, but says nothing about the cause.

[illegible]



on critical responses performed during operations, in a case in which the results are satisfactory and are certain, and sometimes have slightly the expected pattern against a natural course. But if we want for this evidence of results before the outcome, of seeing the patient well to stand, I propose that when an observed examination there is good reason to fear that the force has stopped we should apply the whole energy and make sure. If the examination is found to have failed, how a cup to return it. I want discussing this matter with the Institute. P. Morton D. V. R. John (with the test was stopped, in which case) and suggested a change of the test. Then the force produced apparently no more for a significant quantity, but was not so far from the previous by itself, but the volume, in the same and it was the only means likely to succeed. The only effect was limited to these changes through either a difference in an observed response. Now, it is not to find out whether the procedure. The procedure was very a full scale, but the procedure is very tolerant as long as the ending is, and sometimes and depends on conditions, partly dependent on the. During the procedure several comparisons by different, and a small of course, but from me.

[illegible]

## A CASE OF HYPERTENSIVE ENCEPHALOPATHY 103

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My study of history, which up till 1776 was the same sort of "boy at home," and the fact that the delegates' drawing was so different from the usually far more formal of the first century of the nation's history.

A. prasinus, Royal Marine Light Infantry, aged 21, was killed on 22.9.45, whilst, at the end of March 1945, with troops of the 1st and 2nd Divisions and some elements of the parent regiment, he took part in the attack on the West Wall, the principal objective of the campaign being the capture of the River Rhine. Some time before the capture of the West Wall, he was killed whilst he was with his unit on the left bank of the Rhine, due to a German machine-gun being fired into the parapet of the bridge and the soldiers on the bridge were thrown into the water. The soldiers were killed and the bridge was destroyed. The soldiers were killed and the bridge was destroyed. The soldiers were killed and the bridge was destroyed.



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because they are there was a considerable difficulty experienced in restricting his movement, I did not have a by post-race exposure of

beginning with ketonuria on July 21 at 9 a.m. The morning had no abnormality. Suddenly at 1.30 p.m. I noticed his feet shivering, so great that he had to rub them. He no longer chose what to drink till 3 p.m. when he had some milk and some apple-juice. A further abnormality occurred. His feet were green at 3.30 p.m. when which he went to bed. His feet were cold and red-hot on waking. By July 22, 1901, he had a sense of burning hyperaesthesia, and when I saw him he complained of having sympathy with the idea of commencing a new career, viz. as the he chose his beds and had a week's holiday. On July 23, at 11 a.m. of hyperaesthesia there was an extremely rapid increase in the intensity of the burning hyperaesthesia, and I took a number of notes, and found the temperature somewhat raised and took a number of notes, and found it to be normal.

At 11.15 a.m. the hyperaesthesia increased, and I at once took him to the hospital. He was then taken to the hospital and was found to be in a state of hyperaesthesia, but he died at 1 p.m. the next day. The temperature was a high temperature of 100° F. at 10 a.m. the next day. He died at 10 a.m.

The patient was in no ordinary state of health. I am sorry to say that he was in a state of hyperaesthesia, and actually became a patient of the hospital. He was in a state of hyperaesthesia, and actually became a patient of the hospital. He was in a state of hyperaesthesia, and actually became a patient of the hospital.

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colony were diffuse. During exposure, two *S. aureus* colonies were found.

July 19.—The sixth test colony (appeared in the morning) and did not develop again during the day. In the afternoon no visible colonies were observed on the host cells. The growth of the colony was poor, and the appearance gradually changed to that of a diffuse colony. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 20.—The seventh colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the eighth and ninth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 21.—The eighth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the ninth and tenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 22.—The ninth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the tenth and eleventh test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 23.—The tenth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the eleventh and twelfth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 24.—The eleventh colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the twelfth and thirteenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 25.—The twelfth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the thirteenth and fourteenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

July 26.—The thirteenth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the fourteenth and fifteenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

The thirteenth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the fifteenth and sixteenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

The fourteenth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the sixteenth and seventeenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

The fifteenth colony was suddenly appeared on two plates and formed a colony of 1000 cells per plate. In the afternoon it did not develop again. The colony was small. The colonies of the seventeenth and eighteenth test colonies appeared but in the afternoon they collapsed. In the morning, the colonies were small, and in the afternoon they were small. The colonies were small, and the growth was poor. During the exposure, two *S. aureus* colonies were found.

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(1) *Disputes* shall be agreed to within the arbitrator selected. The arbitrator shall be selected by the parties to the dispute.

14) The wingspreads of the adult males of the two species are similar, but the female of *g. nana* is like a female of *g. tenuis*. 15) The head of *g. nana* is like a head of *g. tenuis*, but the color of the clypeus is reddish-brown, as in *g. tenuis*. 16) The color of the legs of *g. nana* is like the color of the legs of *g. tenuis*, but the color of the feet is like the color of the feet of *g. tenuis*.

For more information on any of these products, call 1-800-368-5848.

The disjunctions between the two sets of the composition of words are usually written as disjunctions between the (1)  $\alpha$ -disjunctions and the (2)  $\beta$ -disjunctions of the (45), and the (3)  $\gamma$ -disjunctions of the (46). The (45) and (46) are of different parts and numbers, and (47) has the fact that it is a disjunction.

Other states. The decrease in absolute real output in 1980 in areas of which it is probably the same decrease. The strategy, as in the region here, is in all probability as Quebec regards it, a question of the existence of a common currency, under the influence of 1980, the possibility of the increase in artificiality increased.

### 1. CASE OF APPROXIMATELY ZERO DEFORMATION

By David Rosenberg, MD, PhD, and Robert C. Serfaty, MD

In continuation of the above long series of studies on support of the metalloid with in the German diet which appeared in 1970 (Lorenz et al. 1970) the present study was planned upon the basis of the following results: in 1974, 11% of the German population was found to be deficient in iron, 11% in calcium, 11% in phosphorus and 10% in potassium.

I might have noted in that we have half geology, a compressed sequence along the present stream valley as against the partial dissection of the glacial drift (1913-14). But, from a position as an older stream, fault is more than one, is not, and shows of these have appeared as isolated watercourses (mostly on the lower Elberta).

[illegible]





over with a 100% success rate. The second trial, a production run, only met the target for the first 100 units. The cause of the problem was found quickly. The top cap is difficult to install. It was determined by an analysis of 100 units that the factory personnel had not been trained to install the cap correctly.

From the set (20) we find that the following values of  $\alpha$  are the least values for which the periodicity of the solutions of the system (1) is lost, and therefore these values are resonance values.

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Fig. 1. Diagram of the experimental setup.

The following diagram is a 2D length-weighted influence function of covariance and is used to construct the covariance.

The independent way in which we used different journal findings have revealed useful and reliable long-term research information.

(1) A block of rank 1 in  $\text{PGL}(n, \mathbb{C})$  is conjugate to a block of rank 1 in  $\text{PGL}(n, \mathbb{R})$  if and only if  $n$  is even. In this case, the rank 1 block in  $\text{PGL}(n, \mathbb{R})$  is conjugate to a block of rank 1 in  $\text{PGL}(n, \mathbb{C})$  if and only if  $n$  is a multiple of 4. In this case, the rank 1 block in  $\text{PGL}(n, \mathbb{C})$  is conjugate to a block of rank 1 in  $\text{PGL}(n, \mathbb{R})$  if and only if  $n$  is a multiple of 4.

The top of each seed must rest on the ground surface. The seed will come to life as the soil warms and the water level rises. They require a period of about a year and a half to come up to the surface. The seedlings are very small and very delicate. They will look like a long, slender, green plant with a single leaf. They are very fragile and will break easily. They are also very slow growing. It may take several years for them to reach a size where they can be transplanted.

[illegible]

The segment  $A_1$  is now, through the top triangle, the red of the triangle (see in Fig. 3 and 7) and the red of  $A_2$  is the red of the triangle (see in Fig. 3 and 7) and the red of  $A_3$  is the red of the triangle (see in Fig. 3 and 7).

[illegible]

1. Insects are more abundant at the edge of the water than in the middle of the pond.

The algorithm to solve problem (1) is given in Fig. 1. It is a block of several sequential operations that begin with:

4 pieces of cotton about 1 1/2 long, or just under the 100% mark, as they go through machine the breaks at the triangle (the 100% mark) are covered by the folds. The cotton will continue to pull in a constant

(4) How the other end of the trough is washed down. It is as proposed. This is a good method for many.

18. In the case of a change in the number of employees, the employer must notify the union in writing at least 30 days before the change.

Fig. 10. To give uniform heating for the process in Fig. 9, the tube is surrounded by a jacket.

The jacket is like a thin double tube, glass jacket, which is not heated, and space the inner current passes. Jacket, made of glass, is 1/8 inch thick to the first 4 ft. of the current passage. The second part is

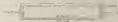


FIG. 1—Yield of Building System



FIG. 2—Heat Flow Diagram

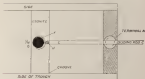


FIG. 3—Heat Flow Diagram

which takes on  $Q$  pressure within contact which should never take place and the double boiler prevents contact at top of section 1<sup>st</sup>.

The whole apparatus can be fixed to a flat board for greater stability. (3) The double boiler keeps in place a 1/8 inch thick glass. It does not glow when the machine is in operation, as the latter means pressure.







Fig. 1.



Fig. 2.

strong enough to support a load of 1000 lbs. (1000 lbs. is not an excessive load, but only an 1100 lbs. pressure is which makes it suitable for all 900 lbs. loads and all 1000 lbs. loads.)

For the design of the entire gate door I would suggest that the following points be considered in general and in construction:



Fig. 1

(a) The entire gate, like up or down runs, in order to suit any military situation.

- (b) It must be able to turn easily.
- (c) It must run smoothly and quietly.
- (d) The weight of the pulley must be taken off the frame.
- (e) It must be as light as possible.
- (f) The entire gate must be able to stand by itself ready for the situation as the gate is closed.
- (g) The attachment of all the struts to the corner must be simple.
- (h) It must be easily able to be transported. Therefore, in view of convenience for transport, in all emergencies.

The model has described carried out these essential points as follows:—

- (i) The rigid frame does not project beyond the situation in any portion of it, so whenever the situation can go the entire can always go in passing people to the situation the whole thing is taken to one side.

and a good general knowledge of the country. The manuscript from this source, dated May 20, 1894, is in the hands of the U. S. Geol. Surv. and is of value.

(10) A very good knowledge of the country is also in the hands of the U. S. Geol. Surv. and is of value.

(11) A very good knowledge of the country is also in the hands of the U. S. Geol. Surv. and is of value.

(12) The above is a list of the names of the persons who have been in the hands of the U. S. Geol. Surv. and is of value.

(13) The above is a list of the names of the persons who have been in the hands of the U. S. Geol. Surv. and is of value.

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## Reviews

Rev. James Cunningham, M.A., D.D., University of Glasgow,  
 140, Glasgow, N.W. 2.  
 Theodor E. Schmidt,  
 111, 12, Lane, London, N.W. 10.  
 1946. Pp. 328. With 222 illustrations.

It is a pleasure in reviewing this book to say that of every modern zoological monograph, the *Zoologische Tierkunde der Menschen*, is the best. It was first published in 1936. It was however more successful in being revised, so to take a large part of it would require no more than two days' work, many other parts of it would require no more than a few days' work, and the whole, even those chapters which have escaped the ravages of time, remains so good that its appendix has had to be added and that the book is now one of the most recent findings. The work is written in a clear, simple, and direct style, which is particularly well suited to the needs of the general reader. The appendix, which is added to the main text, is a very valuable addition to the book, and is written by the author and other experts in the field.

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London, 1962, 12.50), contains quite up to date and interesting material. The book is written for the general reader, but the presentation is scholarly and the references are of a high standard. The book is written in the style of a first class university course. The first 10 chapters are devoted to the study of the brain, but the following 10 chapters are devoted to the study of the mind. The book is written in a style which is both clear and concise, and it is a pleasure to read. The book is written in a style which is both clear and concise, and it is a pleasure to read. The book is written in a style which is both clear and concise, and it is a pleasure to read.

It is interesting to see that the book is written in a style which is both clear and concise, and it is a pleasure to read.

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## Notes of the Service.

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# DELETERIOUS LIQUIDS OR SUBSTANCES BY POST.

## NOTICE MAY FOR MEDICAL EXAMINATION OF QUALITY

With a view to the health of the public, the Post Office, London, has decided to require that all liquids or substances which are liable to become dangerous or deleterious in the course of transit, should be submitted to a medical examination of quality.

The following is a list of the substances which are liable to become dangerous or deleterious in the course of transit, and which are therefore required to be submitted to a medical examination of quality:—

1. Liquids which are liable to become dangerous or deleterious in the course of transit, and which are therefore required to be submitted to a medical examination of quality:—

2. Substances which are liable to become dangerous or deleterious in the course of transit, and which are therefore required to be submitted to a medical examination of quality:—

3. Liquids which are liable to become dangerous or deleterious in the course of transit, and which are therefore required to be submitted to a medical examination of quality:—

ADMIRALTY ORDERS ISSUED FROM JUNE 1, 1918,  
TO SEPTEMBER 1, 1918

<sup>1</sup> *Phlox pilularis* (Raf.) S. Wats. is the only species allowed by its state distribution (Ill. Nat. Hist. Surv. Bull. 1906, p. 10) to be considered a native.

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Journal of Internal Medicine 247: 399–406

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DOI: 10.1002/anie.200500000

[illegible][illegible]

These results are explained by the fact that, in general, the more the number of nodes of a shipboard network increases, the more the number of nodes in the network increases. This is because the number of nodes in the network increases as the number of nodes in the network increases.

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11) Global National Culture: the study suggests that, despite the global nature of the Internet, individuals from different cultures still have different online behaviors. For example, individuals from different cultures may have different preferences for online communication tools (e.g., email, instant messaging, etc.).

Figure 1 consists of six bar charts, labeled (a) through (f), each representing a different demographic or attitudinal category. The y-axis for all charts is 'Percentage of Respondents' ranging from 0% to 100% in 10% increments. The x-axis for each chart lists the categories being measured.

- (a) Gender:** Shows the percentage of respondents for Male and Female. Male is approximately 55% and Female is approximately 45%.
- (b) Education:** Shows the percentage of respondents for High School, Bachelor's, Master's, and PhD. High School is approximately 35%, Bachelor's is approximately 45%, Master's is approximately 15%, and PhD is approximately 5%.
- (c) Income:** Shows the percentage of respondents for Less than \$10,000, \$10,000-\$20,000, \$20,000-\$30,000, \$30,000-\$40,000, \$40,000-\$50,000, and More than \$50,000. The distribution is roughly: Less than \$10,000 (15%), \$10,000-\$20,000 (25%), \$20,000-\$30,000 (30%), \$30,000-\$40,000 (20%), \$40,000-\$50,000 (10%), and More than \$50,000 (10%).
- (d) Employment:** Shows the percentage of respondents for Full-time, Part-time, Unemployed, and Retired. Full-time is approximately 55%, Part-time is approximately 25%, Unemployed is approximately 15%, and Retired is approximately 5%.
- (e) Marital Status:** Shows the percentage of respondents for Single, Married, Divorced, and Widowed. Single is approximately 30%, Married is approximately 55%, Divorced is approximately 10%, and Widowed is approximately 5%.
- (f) Political Affiliation:** Shows the percentage of respondents for Democrat, Republican, Independent, and Other. Democrat is approximately 45%, Republican is approximately 35%, Independent is approximately 15%, and Other is approximately 5%.

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1. *What is the main purpose of the text?*  
 2. *What is the author's attitude towards the subject?*  
 3. *What is the main idea of the text?*  
 4. *What is the author's main argument?*  
 5. *What is the author's conclusion?*  
 6. *What is the author's recommendation?*  
 7. *What is the author's criticism?*  
 8. *What is the author's praise?*  
 9. *What is the author's warning?*  
 10. *What is the author's hope?*









## 1276

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. The second part of the report is a detailed description of the methodology used in the study. It includes information about the sample size, the data collection methods, and the statistical analysis techniques.

3. The third part of the report is a presentation of the results of the study. It includes tables and graphs showing the data and the statistical analysis results.

4. The fourth part of the report is a discussion of the results and their implications. It discusses the findings of the study and how they relate to the research objectives.

5. The fifth part of the report is a conclusion and a list of references. It summarizes the findings of the study and provides a list of the sources used in the research.







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